

26 November 2005

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**A pharmacist's  
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out MURS**

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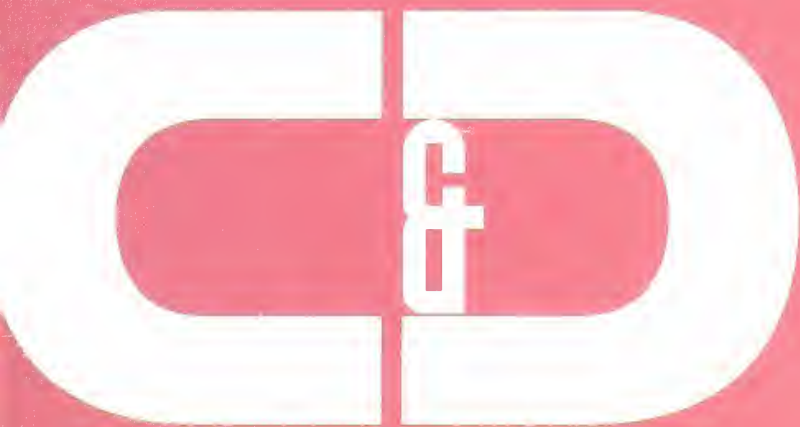


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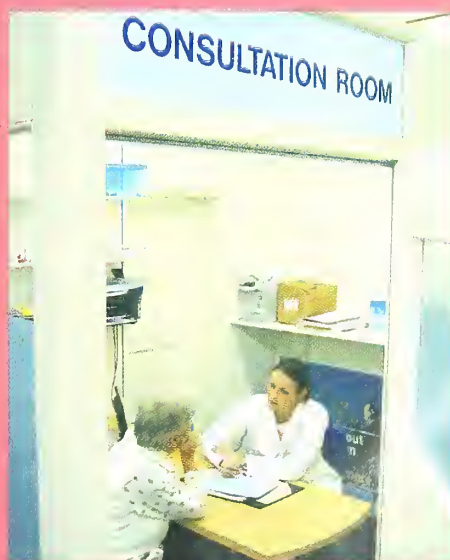
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# WOULD YOU LIKE TO HELP YOUR CUSTOMERS OVERCOME THE USUAL CHRISTMAS REPEATS?

## CHRISTMAS DAY

### Channel 1

**1.00 Sport**  
Look on with an afternoon of snooker. (S)  
**1.30 Live Snooker** The semi-finals and final of the PB Cup, an invitational event at the Royal PM Club in Putney. The top British and Irish players will be determined as they battle for the historic trophy, which returns after a 19-year absence. Commentary from Giuseppe, Derek and Claire P.  
**See Sport, page 41** **3.45 Football Half-Times** **3.50 Live Snooker** Further coverage of the PB Cup at the Royal PM Club in Putney. Timings are subject to change.

**5.25 Local News (S)**  
Local News, Weather 8269504

**5.45 FILM (R)**  
**Four Weddings and an Upset Stomach**

**8.30 Come Living**  
The remaining 10 sets of partners battle it out in the five. The results show can be seen at 8.30pm. (S) 1121875  
See feature, page 7

**9.30 Derek and Helen**  
Home Neighbour. 2 of 6. Comedy series starring Emma P. When Helen falls for the new tenant next door, Derek is torn between kicking him out for getting too close to his daughter and taking his much-needed rent money. (S) 88523

**10.00 FILM (R)**  
**Nausea on Elm Street**

**11.40 What a Match**  
Saleem presents highlights of today's Premiership clashes at Whitley Lane. (S) 5477900

### Channel 2

**1.00 Weekend 24**  
New and sports. (S) 94368

**2.00 Rosy's Favourite Foods for Fun**  
Romantic Dinners. Rosy demonstrates how to make the perfect romantic dinner. (S) 9252

**3.00 The Secret of Designing**  
Drawing and Designing. James explores how drawing has been used by designers to express fantastical ideas. Last in the series. (S) 995320

**4.00 FILM (R)**

**Indigestion & The Temple of Doom**

**6.00 Inside the city of Rome**  
A look at new epic drama series the charting the birth of the Roman Empire, which begins on Wednesday. (S) 314504

**7.35 Who Do You Think You Are?**  
Actress Claire FB explores her ancestry and realises her strict upbringing was entirely due to a quirk of fate. (S)(R) 598900

**9.00 The Body**  
Derek joins forces with Giuseppe to destroy Helen's career, but Joey agonises over whether to go along with his plan. They discover a patient might be more alive than she seems. (S) 8875

**10.00 Family Bloke**  
Sowmya Does Hawaii: 2 of 2. US animated comedy. Emma P successfully auditions for a TV show and wins a trip to Hawaii. (S) 676542

**10.30 Ideally**  
The Seduction: 2 of 8. Comedy starring Claire R. A night out at a club offers Helen a chance for a little time alone with Derek. (S) 406252

**11.00 The Culture Culture**  
With graffiti artist Saleem. (S)(R) 463707

### Channel 3

**9.25 MIM**  
Joey, formerly of New York City, introduces his new band Son of Dune. (S) 6874332  
11.30 cd/uk (S) 72243

**12.30 3 News (S) and Weather**  
2284900

**1.00 3 at the Movies**  
Claire FB reviews The Story of Zee, starring Emma P. (S) 169184

**3.15 The Inspector** Everything under the Sun: The detective experiences the pangs of unrequited love while looking into a murder at a peaceful college. Starring Giuseppe and Claire FB. (S)(R) 366243

**5.30 3 News (S) and Weather**  
2284900

**6.15 Star Special**  
Emma P presents as the 10 remaining finalists perform, vying for the chance to win a recording contract. Judges Saleem, Sowmya and Helen keep tabs on their efforts. The results can be seen at 9.00pm. (S) 47234981 See Pick of the Day

**9.00 Star Special**  
The two least popular acts sing again, before the judges decide which one to send home. (S) 5813

**9.30 FILM (R)**

**Diarrhoea Liaisons**

**11.30 After tomorrow** The 800 Club. Sowmya is contacted by the survivors of the train crash six years ago. They ask her to lead them in a séance, in an effort to contact the spirits they lost in the disaster. Last in the series. (S) 22702 See Pick of the Day.

TV LISTINGS - CHRISTMAS DAY - Sunday 25th December

Films Premiere Outstanding Very good Worth watching Could be worse Poor Repeat



# PICK OF THE DAY

It's not bouts of over-indulgence as common as Christmas Repeats?

Luckily **Pepto-Bismol** is available as an ideal remedy for stomach upsets that's because...

Pepto-Bismol has a **triple action** formula which:

- **coats**, to soothe and protect
- **inactivates** toxins to inhibit the cause of infection
- Provides an **anti-secretory** action to produce less watery stools

Who should you recommend Pepto-Bismol to?

Pepto-Bismol is indicated for use for those suffering from:

- Heartburn
- Indigestion
- Nausea
- Upset Stomach
- Diarrhoea



**Stock up  
now before  
those  
Christmas  
Repeats  
start!**

## Stomach feeling dismal? Pepto-Bismol

### Abbreviated prescribing information:

Active ingredient: Bismuth Subsalicylate 1.752 %w/v. Indications: For upset stomach, indigestion, nausea and heartburn. Controls common diarrhoea. Dosage and administration: Adults 16 and over: 30ml (6 x 5ml spoonfuls). Repeat dosage every half to 1 hour if needed. No more than 8 doses to be taken in 24 hours. Contraindications: Patients sensitive to aspirin. Precautions, side effects and warnings: Not to be taken with aspirin. Pepto-Bismol should not be used by those aged under 16 due to a possible association between salicylates and Reye's syndrome, a very rare but very serious disease. Use in pregnancy should be avoided. Use with caution in patients taking anti-coagulants or oral therapy for diabetes or gout. May cause a temporary darkening of the stool and/or tongue. If symptoms are severe or persist for more than 2 days a doctor should be consulted. Do not exceed the stated dose. Keep all medicines out of reach of children. Product licence number: PL 0364/0025. Product licence holder: Procter & Gamble (Health & Beauty Care) Limited, Rusham Park, Whitehall Lane, Egham, Surrey, TW20 9NW. Legal category: P. Date of preparation: May 2004.



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*Customers can visit **Click2Quit.com** for their personal quit plan.*

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adolescents 12-17 years, cardiovascular disease including uncontrolled hypertension, severe renal/hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, pheochromocytoma, dermatitis. Concomitant medication may need dose adjustment. **Side effects:** Local rash, itching, burning, tingling, numbness, swelling, pain, urticaria, heaviness. Depression, irritability, anxiety, nervousness, restlessness, mood lability, drowsiness, impaired concentration, insomnia, sleep disturbance. Allergic reactions, abnormal dreams, nausea, vomiting, dry mouth, GI disturbance, headache, dizziness, palpitations, tachycardia, tremor, dyspnoea, pharyngitis, cough, arthralgia, myalgia,

sweating, chest pain, fatigue, malaise, flu-like symptoms. **Pregnancy/lactation:** try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. **GSL PL** 00079/0347, 0346, 0345, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49, Step 1 only 14 patches £32.95. **Date of revision:** March 2004.

**Reference:** 1. Strecher V *et al.* Poster presented at the 12th World Conference on Tobacco or Health, Helsinki, 3-8 August, 2003.

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# Reform will benefit pharmacy, says Hewitt

Resources will be transferred from acute hospitals to primary care under the forthcoming white paper on community health services, Patricia Hewitt, the health secretary, has revealed.

In an interview for *C&D*, she said pharmacies would be given an enhanced role as part of the shift of emphasis towards greater access to primary care. The health secretary said the Government's consultation exercise with over 1,000 members of the public at an open meeting in Birmingham last month proved the importance of pharmacy to patients.

She said: "There is a big role for community pharmacies. When Alan Milburn was health secretary he really wanted to expand the role of community pharmacies. I was at the DTI and we had the report of the OFT. Both Alan and I were concerned if we simply opened up pharmacy to the commercial marketplace, you would lose the potential for community pharmacists to take on a central role in the NHS."

"We made some changes in the OFT recommendations but were very cautious about that. At Birmingham, over again people said my pharmacist is doing all kinds of things – smoking cessation, advice on diet and weight management. Boots of course is now providing a high street screening service for chlamydia, available to young men as well as young women. It is the only one in the world, I am told,



UPPA/PhotoDisc

that recognises it takes two to tango or catch chlamydia."

Asked about transferring resources into primary care, she said: "This is one of the biggest challenges we face. The truth is we are doing too much

in the acute hospitals and not enough in the community..."

"If we are going to get excellence right across the board we have to imbed incentives in the system and payment by results is absolutely crucial because it will

get each of our hospitals saying we have to get the best out of our surgeons and in many cases the hospitals aren't. They will have to change because they will not be able to go on with old inefficient wasteful ways of working.

"That is why the reforms we are making are essential because they will allow us to release funding from acute hospitals and transfer it into community services and new drugs like Herceptin."

## Hewitt's public health plans

Health secretary Patricia Hewitt called on healthcare providers to drive the creation of an NHS that better reflects local needs, at the Faculty of Public Health's annual lecture last Wednesday. The key findings of Ms Hewitt's address included:

- The biggest health challenges in the UK are smoking, obesity and physical inactivity.
- Next year's white paper on primary and community services will help mould local NHS to local health needs.
- Research shows a strong desire for primary care services to become more in tune with modern life.
- Government will look to harness the power of individuals and the communities in which they live to tackle health problems.

## Society debates five-year degree to keep in step with Europe

The pros and cons of a five-year undergraduate degree, which includes an integrated pre-registration year, are among the issues being raised in a review of pharmacy education.

Spearheaded by the RPSGB's education committee, which met this month, the aim of the review is to ensure that UK pharmacy education remains in step with changing domestic and European standards.

According to committee chairman Graham Phillips, the pre-registration year has become a key area of concern. The RPSGB has little say in the organisation of the year, he points out, and standards have been described as 'hit or miss'. "It's not fair for pharmacists or patients if they are getting a poor outcome," he said.

However, the possibility of a five-year undergraduate degree also raises questions about

content, which may need to include new skills such as independent prescribing. There are also issues about funding. "We will need to rethink how pharmacy undergraduate degrees will be funded, and convince the NHS that it needs to invest in it," he told *C&D*. A schools of pharmacy consultation aims to inform the process and gain further insight into the impact the number of new schools of

pharmacy is having on graduate numbers, standards and academic workforce funding.

The education committee is also developing a communications strategy: "The RPSGB's strength is that it sets the entire educational standards for pharmacy from the cradle to the grave."

"There is a lot of cynicism but we need to get members to see that the RPSGB really does deliver."



## Inbrief

### Pfizer seeks switch

Pfizer Consumer Healthcare has applied to the MHRA to have its Calprofen (ibuprofen 100mg per 5ml) Oral Suspension reclassified from P to GSL.

The company says Calprofen is currently listed as GSL when provided in packs of 20 by 5ml sachets but classified as a P medicine when provided in a 100ml bottle. "The difference is therefore based on packaging format rather than total volume available for sale or supply," it says in the MHRA's consultation document ARM 34.

Comments on the proposal should be sent by December 19 to [Amanda.Lawrence@mhra.gsi.gov.uk](mailto:Amanda.Lawrence@mhra.gsi.gov.uk)

### United's new super

Janice Perkins has been promoted to superintendent pharmacist at United Co-op Health Care, the 150-strong chain of pharmacies based in the Midlands, the North and in North Wales, following the departure of Nia Evans earlier this year. Ms Perkins joined United in 2000 as business development manager for its northern region.



### Oral gel recall

Janssen-Cilag is recalling a batch of Daktarin Oral Gel 80g (miconazole 20mg per g) because the measuring spoon is incorrectly marked. The affected batch is 5EB6X00 with an expiry date of May 2010.

Pharmacists should quarantine remaining stock and contact their supplier to arrange return and credit.

For more information call Janssen-Cilag on 0800 731 8450.

### PSNI nominations

The Pharmaceutical Society of Northern Ireland is seeking nominations for fellowships of the Society.

Two PSNI members should support the nominator's proposal, which must be submitted to PSNI's business manager by December 31.

● Brendan Kerr was elected as president of PSNI at last month's Council meeting. In addition, Raymond Anderson was elected vice-president and Sheelagh Hillan as honorary treasurer.

For more information:

[www.psni.org.uk](http://www.psni.org.uk)

Tel: 028 9032 6927

Nowtoshop

01732 377666



AC

# Scots given fee parity with appliance contractors

Contractors in Scotland will be paid the same as appliance contractors for supplying ostomy products from next April after the Government announced plans to revise the arrangements for supplying such products.

The Scottish Executive Health Department will establish a national list of stoma appliance service contractors, as part of an integrated approach to stoma supply. The move follows a review of current supply arrangements, which has raised questions over the appropriateness of sponsoring/company employment of stoma nurses, and legislative change, which will prevent the inclusion of appliance suppliers on the pharmaceutical list.

SPGC is advising contractors wishing to supply stoma appliances to respond to the tender letter sent by Scottish Healthcare Supplies to contractors this week, to ensure their inclusion on the new list. Contractors must reply before December 20 to ensure they are included on the list of stoma suppliers. Contractors not

included in the list will not be reimbursed by the NHS for dispensing stoma appliances.

The new arrangements are due to come into force on April 1, 2006, and will remain in force for two years, subject to a review after 12 months. Under the scheme, contractors supplying a stoma appliance will receive a fee of £13 for each product supplied (up from the current £1.20 fee), and will be reimbursed for supplies on the basis of prices to be established by Scottish Healthcare Supplies, without discount clawback being applied. It is envisaged that in due course, stoma nurses will take the lead on prescribing stoma appliances.

However, under the new scheme, contractors will have to comply with 15 minimum service standards, which include: personnel trained to an approved standard and arranging home delivery within two working days if requested. Suppliers should also put in place appropriate complaints procedures and be prepared for audit by their NHS board.

Pharmacist Mike Embrey said the required standards mirrored the treatment of existing prescription in terms of confidentiality, advising patient out-of-stocks, etc, and that training will be provided by NHS Education Scotland to meet any gaps in knowledge.

Welcoming the initiative, SPGC chair Frank Owens said that, as currently around half of all Scottish ostomy supplies are conducted through community pharmacy, SPGC was keen that pharmacy continued to play a major role in providing that service.

"We are particularly appreciative of the policy intention to establish a single dispensing fee. This places community pharmacy and appliance suppliers on an equal footing, giving both sets of contractors similar opportunity in meeting the needs of their patients," he said.

Mr Owens encouraged all Scottish contractors to submit their application form as soon as possible.



# Preliminary EPS approval given for seven IT suppliers

by Max Gosney

Seven pharmacy IT suppliers' systems have met the technical requirements for release one of the electronic prescription service (EPS), NHS Connecting for Health (CfH) has confirmed.

Technology from AAI, Cegedim Rx, Enigma Health, Hadley Healthcare Solutions Positive Solutions, System Solutions and Lloydspharmacy must now complete testing at pharmacy implementer sites before it is fully accredited for the first phase of ETP rollout, stated IT suppliers.

System suppliers including Ascribe, Fusion Health and RX Systems who had yet to receive technical accreditation for EPS are likely to be given the green light between November 2005 and March 2006, stated CfH.

AAI's customer technology controller Geoff Mackay said: "We're testing EPS in five sites at the moment with another three being introduced shortly. It's about streamlining the preparation, installation and activation of systems so full

## ETP allowance

A claim form for contractors in England and Wales to claim their ETP/IT allowance as part of their new contract has been published on the Prescription Pricing Authority's website.

The form requires contractors to confirm that: they have an ETP compliant pharmacy system (release 1 or 2); network connectivity to operate the electronic prescription service; and

that staff who use the service are registered users and have been issued with smart cards and PIN numbers.

NHS Connecting for Health is expected to issue guidance on appropriate connectivity and on obtaining smart cards within the next six weeks.

**For more information:**

<http://www.ppa.nhs.uk/ppa/etpallow>

deployment can be very slick. "We're committed to getting the technology up and running across our estate by March 2006."

IT systems must process 500 electronic scripts under CfH supervision to satisfy final accreditation criteria, explained Steve Marriott, marketing manager at Cegedim Rx.

However, nationwide deployment of systems could be limited by the supply of smartcards to EPS users and the current lack of commercially available N3 services, which provide access to the NHS network.

Chris Ball, projects manager at Enigma Health, said: "We are ready to deploy our software. But you can't have EPS up and running without smartcards or an N3 provider. Enigma Health has been working with N3 providers and PCTs to speed up the process."

CfH, which is responsible for implementing Government plans to update and integrate IT in the NHS, has committed to installing EPS in pharmacies by 2007. Nationwide deployment will begin with a 'basic' EPS service, which will still require patients to produce a paper prescription.

## Free Lloyds screening is a hit with 100

Nearly 100 people took advantage of the free diabetes tests on offer at the Diabetes UK roadshow in Ealing, London this month.

The event, which took place on a Diabetes UK-branded bus, attracted over 700 people. According to Diabetes UK, around 20 per cent of those tested at the event recorded above normal readings; this is around 5 per cent higher than the usual referral rate.

Lloydspharmacy has also tested firefighters from Dumbarton Fire Station for diabetes as part of its free diabetes screening programme. This has been running for around two years and has referred around 35,000 people for further investigation.

## Inbrief

### Numark studies sales roles

Numark has launched a review of six business development manager roles within the organisation.

The symbol group confirmed that the positions were being discussed but dismissed speculation that the review could lead to job losses. Andrew Sollitt, marketing director at Numark, said: "No one has been made redundant. It is true that these roles are being discussed, but it would be wrong of us to speculate further until the review and consultation process is complete."

Healthcare group Phoenix acquired Tamworth based Numark as part of a £30.3 million takeover completed last month.

## Questiontime

### This week's question:

Who do you think is to blame for the flu vaccine shortage?

- The worried well
- GPs
- The Department of Health
- The media

You have until noon on November 29 to vote at [www.dotpharmacy.com](http://www.dotpharmacy.com). We will publish the results in C&D on December 3.

## WALES

### Welsh health minister endorses pharmacy dialogue



Welsh health ministers welcome pharmacists' willingness to play their part in the local health agenda, deputy minister for health and social services John Griffiths told the audience at the Community Pharmacy Wales annual dinner last week.

Responding to the welcome speech by CPW chairman Phil Parry, Mr Griffiths reassured the audience that the Welsh Assembly Government was now

in regular dialogue with community pharmacists in Wales.

Mr Parry accepted that there had been many achievements during the first year of the new contract, despite the "teething challenges".

He added that CPW was very pleased with the way the WAG strategy document, *Designed for Life*, embraces community pharmacy.

MG

Pharmacy products from the pharmacy community dialogue...



**NEW!**  
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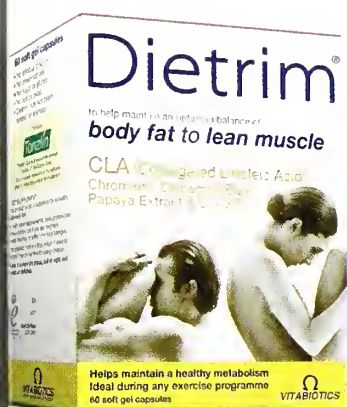
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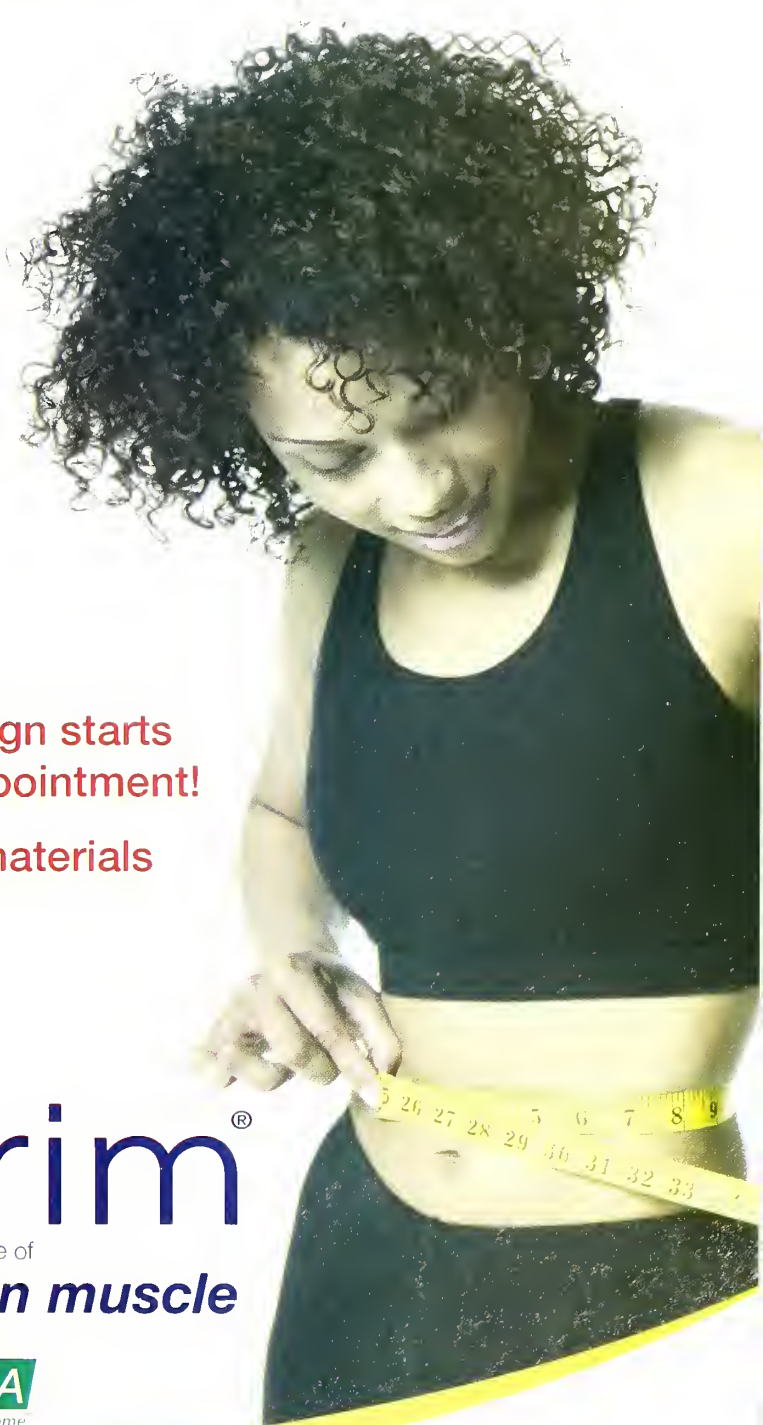
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Thom E, Wudstein J, Gudmundson. "Conjugated linoleic acid reduces body fat in healthy exercising humans." Journal Of International Medical Research 2001 Sep-Oct. 29 (5): 392-6

  
**VITABIOTICS**  
WHERE NATURE MEETS SCIENCE





# Stricter burglar laws get pharmacy support

by Max Gosney

Pharmacists have backed legislation boosting their power to tackle burglars.

Retailers would enjoy greater rights against intruders under the private members bill, proposed by Conservative MP Anne Macintosh.

The bill represents a welcome step, stated Beran Patel, proprietor at Brigstock Pharmacy in Croydon, which was robbed in January 2002.

"I think greater protection for pharmacists would definitely help. The law has swung too far in

favour of the perpetrator rather than the victim of the crime."

If approved, the bill would prevent pharmacists from prosecution unless they used "grossly disproportionate force" to deter intruders.

Under current laws business owners can use "reasonable force" against burglars.

Pharmacist Biju Gandeche, who runs the Noak Bridge Pharmacy at Basildon, Essex, which was burgled in March 2004, backed stricter rules.

He said: "I would welcome tougher laws, which gave us proper support against crime. At

the moment the law favours the criminal."

Ms Macintosh said: "My bill will clarify the law, restore the balance between the victim, the property owner, and the intruder."

The bill will be given its second reading by the House of Commons this December.

The proposals come after PSNC and other primary care stakeholders teamed up with the NHS Security Service Management recently to launch an initiative to counter violence against healthcare staff (*C&D*, November 5, p6).



The Good Pharmacy in Bellingham, Cambridgeshire, has collected the 14,000th prescription through the collect direct service. The service is a free of charge, convenient, time-saving service for patients. The service is a free of charge, convenient, time-saving service for patients. The service is a free of charge, convenient, time-saving service for patients.

## Inbrief

### Lloyds award

Lewisham PCT has given Lloydspharmacy's Bellingham branch an Improvement, Creativity and Innovation award for its local anticoagulation clinic.

### MUR workshop

UniChem has teamed up with the Medway School of Pharmacy to offer 'crash course' workshops in medicines use reviews.

The one-day course, said to be the first of its type from a wholesaler, provides communication and people management skills and MUR accreditation from the Medway School. This is based on the school's *Skills for the Future* course, which is run in association with PSNC and C&D.

The first course, which was run in partnership with Community Pharmacy Wales in Cardiff on November 7, included role play on pharmaceutical care and consultation skills, and case study reviews.

### Meter warning

A small number of Bayer's Ascensia Contour blood glucose meters may be set to the wrong units. Up to 46 meters in the UK and Ireland may be set in the mg per dL setting instead of mmol per L, said Bayer.

The company is asking users to check the meter's setting (by pressing the 'M' button) before use. Users who have difficulty in changing the setting can call 0845 600 6030 for assistance. A list of affected serial numbers is available from this number.

**Nicorette (nicotine) Inhalator**  
**Product Information:** Presentation: Inhalation cartridge containing 10mg nicotine for oromucosal use via a mouthpiece. **Uses:** For the relief of nicotine withdrawal symptoms as an aid to giving up smoking. It is used to help smokers ready to stop smoking immediately and also to help smokers who need to cut down their cigarette use before stopping. **Dosage:** Smoking cessation: 6-12 cartridges per day for 8 weeks. Halve the number of cartridges in weeks 9 and 10. Reduce to zero by end of week 12. **Smoking reduction:** Use between smoking episodes to reduce smoking. A quit attempt should be made as soon as the smoker feels ready. Professional advice should be sought if no reduction in 6 weeks or no quit attempt in 9 months. Not to be used by people under age 18 unless recommended by a doctor. **Contraindications:** Hypersensitivity, non-tobacco users. **Precautions:** Best used at room temperature. Peptic ulcer, cardiovascular disease, systemic hypertension, peripheral vascular disease, diabetes mellitus, hyperthyroidism, phaeochromocytoma, hepatic or renal disease, gastritis. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects:** Cough, irritation of throat and mouth, headache, rhinitis, pharyngitis, stomatitis, dyspepsia, anxiety, nausea, dry mouth, chest pain, skeletal pain, diarrhoea, flatulence, local paraesthesia, allergy, depression, vomiting, dyspnoea, thirst, gingival irritation, hiccups, palpitations. **RRP (ex VAT):** 6-Starter pack (£3.39), 42-Refill pack (£11.37). **Legal category:** P. PL holder: Pharmacia Limited, Ramsgate Road, Sandwich, Kent CT13 9NJ. **PL number:** 00032/0280. **Date of preparation:** August 2005. **References:** 1. Pfizer Consumer Healthcare data on file - IPSOS-UK April 2004. 2. Pfizer Consumer Healthcare data on file - CDTs 001. **Date of preparation:** October 2005. 00631

## NI health chiefs sue Goldshield

Northern Ireland's health department is suing Forley Generics over warfarin sales between 1997 and 2000.

The DHSSP is seeking damages of about £965,062 from the wholly owned subsidiary of the Goldshield Group for alleged breaches of statutory duty arising from sales of the anticoagulant. The DHSSP confirmed it had engaged solicitors but would not

comment on the action.

Goldshield chiefs were unavailable to comment as *C&D* went to press but in a statement vigorously denied the allegations.

Goldshield is one of eight generics manufacturers named in the ongoing investigation into alleged anti-competitive supply to the NHS in England of generic drugs between 1996 and 2000.



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# Students savour new contract, say tutors

by Max Gosney

Student pharmacists are more enthusiastic and entrepreneurial towards the new contract than their peers, university tutors have told *C&D*.

Many undergraduates appear eager to fulfil the Government's vision of pharmacists as healthcare providers, stated senior lecturers at UK pharmacy schools.

Professor Keith Wilson, head of pharmacy at Aston University, said: "Our pharmacy course is as popular as ever and I think many students are positive about the new contract."

The majority of young pharmacists regard their extended roles as an opportunity compared with older colleagues who are more reluctant to change, said Dr Adrian Hunt, director of pharmacy education at the



Graduate pharmacist, Emma Stuart, Mawdsley's Pharmacy, Bury

University of Portsmouth. "Most of our students are enthusiastic about the new contract because they see it as building a better future for themselves. It's been easier for them to adapt to changes because they've not experienced it any other way."

However, despite overall

optimism many undergraduates had limited first-hand experience of running essential or advanced services, stressed Dr Wilson.

"Many students form their views based on what they are taught and read in the press. It would be interesting to see if their outlook had altered a year on from graduation."

Pharmacy students in Scotland shared the forward thinking attitude of their colleagues south of the border, reported Brian Addison, a lecturer in pharmacy practice at Robert Gordon University. "There's definitely a positive feeling among undergraduates. They've got the benefit of being fresh to the profession."

Despite a shrinking independent sector, a large number of students aim to run their own pharmacy business in the future, revealed tutors.

## Cornwall leads on gluten-free 'rationing'

Central Cornwall PCT is to launch a pharmacy-led 'ration card' system for gluten-free food prescribing.

The initiative, which launches on December 1, sees GPs allocate participating patients a points-based monthly gluten-free food ration. The patient, in conjunction with the pharmacist, then chooses their gluten-free supplies for the month, up to the total of their ration. The PCT reimburses the pharmacy for the supply, as well as paying a £10 per patient per month management fee.

The PCT is to invite all 30 central Cornwall pharmacies to take part, and hopes to run the scheme on an ongoing basis. The scheme's fees have been fixed until the end of the 2006-07 financial year.

Commenting, Graham Brack, Cornwall LPC treasurer and PCT pharmaceutical adviser, says that the PCT currently spends around £104,000 a year on gluten-free foods. He believes that waste reduction will more than offset the slightly larger cost of running the scheme.

Pharmacists so far have welcomed the scheme. He said: "They say they are already getting the hassle of dispensing for gluten-free patients – now they can do something about it." **AC**

Cricketing star Asif Musood has added a pharmacy to his family business interests. The Pakistan test cricketer of the 1970s opened Fishpool pharmacy in Bury. The pharmacy is inside the Post Office and convenience store he has run for the past 10 years. The right-arm-bowler owned pharmacy-owner is seen here (second right with, from the left) Emma Stuart, Mawdsley's pharmacy development advisor Nick Brockhouse, regional sales manager for Mawdsley's, corporate general manager Shazil Ahmad, Claire Ball, Mawdsley's pharmacist.



## LEGAL

### APT cashes in by registering trademarks

The Association of Pharmacy Technicians (APT) is cashing in on its name by applying to register its name and logo as trademarks. This will secure their exclusive use on some goods and services, including the logo for the *Pharmacy Technician Journal*.

The applications cover printed publications, promotional services including business advice and education services, including training and conferences.

The trademarks will also cover legal information, pharmaceutical research and information and advisory services.

Anyone who objects to the APT's bid to use the name and logo in this way now has three months to lodge complaints with the Trademarks Registry. **UKL**

## A third of pharmacies opt for GSK scheme

One in three independent pharmacies is planning to run GSK +Plus medicine support services, the company claims.

However, the uptake in Scotland and Northern Ireland has been lower than in England and Wales. In Scotland, uptake runs at just over one in seven, and in Northern Ireland, one in five,

compared to one in three in England and Wales.

GSK believes that the lower uptake in Scotland and Northern Ireland reflects the fact that their new pharmacy contracts are not yet in place. However, earlier this year the company provoked calls for a boycott of its goods and services in Scotland when it

accompanied the launch of its +Plus medicines support services with swingeing changes to its discount terms.

Nevertheless, Linda Crane, director of commercial operations at GSK, commented: "The uptake... reaffirms GSK's decision to invest in community pharmacy." **AC**



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# Lambeth OUTLOOK

## Taking the lead?

What might the change in the Conservative party leadership mean for health, asks Beverley Parkin, director of public affairs at the RPSGB

Both parties of the centre left appear to be in difficulty. Labour is mired in legislation, fighting off enemies from within and without to deliver a radical programme with a much reduced majority. The Lib Dems are ominously quiet, and there is speculation about their leader's future.

The Conservatives, however, appear resurgent. A successful party conference and a leadership election appears to have generated much needed press attention and lead me to wonder what the Tories might do with the health sector, and with pharmacy policy.

The development of a coherent Conservative health strategy has suffered because of changes in leadership. 'Health passporting' was mooted under Iain Duncan Smith, but was quietly shelved.

The general election campaign saw the party focus on one aspect of healthcare, MRSA and cleaner hospitals, although their health spokesperson, Andrew Lansley, was very low key. He made a concerted attempt at the October party conference to define a clearer vision for health policy.

His first priority as an incoming Tory health secretary would be to cut NHS bureaucracy and abolish targets. This additional tier of administration has long been a bugbear of the Tories who see the interference of central government in local commissioning as wholly unnecessary. Centre right policy wonks also continue to toy with 'choice' and passporting and the Tories are sure to develop this. The use of the word 'choice' positions them close to Labour

and this might prove a difficulty.

In giving the independent sector the right to supply to the NHS, the Conservatives would want to "introduce genuine competition" and not block Department of Health contracts for the private sector, which they believe causes NHS hospitals to lose out.

The Tories would also give GPs budgets and responsibility for ensuring access to the care patients need, providing for local commissioning and making GPs, in effect, grant maintained. They would set out new clinical standards and publish quality and infection rates, so hospitals are held to account. Finally the Conservatives would pledge to train more doctors, nurses and other health professionals, including pharmacists, and ensure

training posts for junior doctors, so they were never unemployed.

The Lansley vision is of "an integrated public health service, capable of impacting locally and nationally on issues like smoking, obesity and sexual health, which can act across public and private sectors and focus on preparedness for public health emergencies". This is a political code designed to appeal to a wide audience, but it shows the Tories have absorbed much of the prevailing agenda on primary care. Let us hope this includes a commitment to developing pharmacy services.

The final vision will depend on the character, vision and drive of one man: the new leader. The question is, of course, who? We will know on December 6, when votes for the Davids are counted.

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licence number: PL 0327/5904. Product licence holder: Crookes Healthcare Ltd, Nottingham NG2 3AA. Date of preparation: August 2005. References: 1. Carr and Carr 1997, 2. Vickers and Kirby 1989, 3. Hobday and Largey 1995. CHCSK04-848. Date of preparation: August 2005.



E-mail your views to chemdrug @ cmpinformation.com

## Information technology can offer support on the path to patient safety

Reports and announcements regarding our national healthcare service have been given a great deal of attention in the news over the past week.

We have seen the latest report produced by the National Audit Office, *A Safer Place for Patients: Learning to improve patient safety*, stating that a minimum of 2,000 (and actually nearer 34,000) people died as a result of hospital errors and accidents in 2004-05.

Also last week, it was announced that nurses and pharmacists are to be given greater powers by the Government to prescribe the majority of drugs, and doctors are being urged to stay open longer.

But with these additional challenges, how can we ensure patient safety? How can errors at the point of prescribing and dispensing be reduced? How can

we ensure consistent treatments from an ever increasing range of clinicians who are able to prescribe?

An increasingly joined up healthcare system, underpinned by the work of NHS Connecting for Health in the rollout of the National Programme for IT, will support these new prescribers to reduce errors and ensure consistency in the area of medicines management.

Information technology systems are available here and now, and if used effectively can support clinicians in making informed decisions about which medication to prescribe safely, and prevent medication errors. In fact, these systems have been in use in GP practices and pharmacies for many years and are demonstrating real benefits, as are those in hospitals.

NHS Connecting for Health,

supported by substantial new investment from Government, is working hard to ensure that all hospitals will benefit from new IT systems at the earliest possible date. This is a significant step in helping to reduce the tragic loss of lives through medication errors and should be welcomed by both clinicians and patients alike.

The modern clinical IT systems are designed to automatically alert the user to potential risk – these resources are an essential element of decision support for hard working clinicians.

These systems deliver integrated decision support to alert clinicians to allergic reactions, contraindications, precautions, warnings and side effects.

Of course, these alerts need to be prioritised and focused,

relating to frequency, severity and patient context to better communicate warnings to the clinicians. They will certainly benefit from this targeted and comprehensive decision support as a tool for improving patient safety.

Drug knowledge bases for decision support systems are continually being researched and updated to ensure an up to date picture for the clinician.

It is these technology-based decision support systems which underpin the expanding role of clinicians in the NHS and aid them in making the right decision for each patient at the point of prescribing. The result is a better value service, with reduced errors and consistent treatments, ensuring the path to patient safety.

**Keith Kirtland, sales and marketing director,  
First Databank Europe.**

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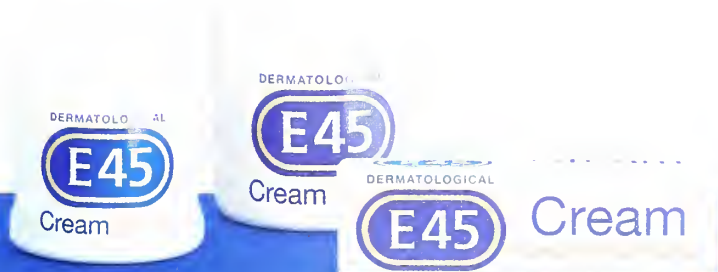
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Our question to pharmacists this week was:

**Will you look to qualify as an independent prescriber?**

**"I think it's a double edged sword. It's wonderful pharmacists will have the responsibility to dispense but it does remove some of the safeguards"**

Chris Ball, Norwich

**"Not at the moment. I'm just getting down to the contract and doing MURs and getting used to that. Maybe in the future when it's settled down"**

Robin Palmer, Milton Keynes

## Comment

from the Editor

### Praise for pharmacy

The panic over the availability of flu vaccines is something that may have prompted a sense of *schadenfreude* among pharmacists. Is it fair to let the doctors take the blame for running out of supplies? Why not, as it was the doctors who insisted that they should take over the supply of flu vaccines – at least in England and Wales that is.

Whatever the reason, it has occupied the Department of Health somewhat in recent days, so we are grateful the health secretary Patricia Hewitt found time to sing the praises of pharmacy. Some pharmacists may regard her with some suspicion, as when she was trade and industry secretary, it was her duty to take the Government lead in responding to the Office of Fair Trading's recommendations over pharmacy contracts.

At the time she said that she wanted to safeguard the future of pharmacy. However, her message may have been lost in the general

mêlée, especially when she had to balance the expectations of the DoH and the Treasury which were pulling in different directions.

As health secretary, she is now listening to the public as patients, and not just consumers. So it is reassuring that she has flagged up the message coming back from the NHS listening exercise: that the public appreciate the range of services that are now available from community pharmacies.

But the doctors are already grumbling. Let's hope that the forthcoming 'Healthcare outside hospitals' white paper doesn't alienate pharmacists, too.

**The health secretary is now listening to the public as patients**

## Yourviews

E-mail your views to [chemdrug@cmpinformation.com](mailto:chemdrug@cmpinformation.com)

Doctors shouldn't knock independent prescribing, says John Nuttall

### A common sense approach

I welcome enthusiastically the announcement from the Department of Health on the new independent prescribing powers for pharmacists and look forward in great anticipation to the addition of this role to our profession. The decision by its DoH clearly demonstrates its confidence in us as a profession, so it is very disappointing that the BMA and GP leaders have responded to the announcement so negatively.

Independent prescribing by pharmacists (and nurses) is not a polemic discussion but a common sense approach to broadening and improving patients' access to medicines from qualified and competent healthcare professionals. We should not forget that pharmacists are the experts in medicines, and any



pharmacist undertaking independent prescribing will have to successfully complete rigorous training courses and become accredited by the RPSGB.

Pharmacists will not be second-rate prescribers and this decision does not undermine patient safety. Patients should be entirely confident that they will be receiving the safest, best possible care.

We all work within a clinical governance framework and every pharmacist independent prescriber, as with GPs, will be required to keep their skills up to date and only prescribe medicines within their sphere of competence. There is a great opportunity to reach out to those who need not wait for a consultation with a GP, but because of an archaic practice they are obliged to.

I look forward to the profession grasping this ground-breaking opportunity and fully expect pharmacist independent prescribers to work with their healthcare colleagues to continually improve the service patients can access.

John Nuttall is general manager, United Co-op Health Care.

Our online poll at [www.dotpharmacy.com](http://www.dotpharmacy.com) said...

Yes, but I'm worried about funding

44%

Not sure

8%

No, I've got enough on my plate

48%



### TOPICAL REFLECTIONS

## 'Open all hours' gets the thumbs down



It is a sign of the Government's desire to boost its popularity that it is giving in to public demand on key issues, even when this flies in the face of common sense and reason.

A recent example of these desperate measures is the decision to make Herceptin widely available for an unlicensed indication purely to control adverse publicity. It is short-sighted of the Government if it thinks it can sidestep a process designed to safeguard public health as a way of increasing faith in the National Health Service. Clinical evidence may yet prove the foolhardiness of this media-driven decision (*C&D*, Nov 19, p26).

Another publicity grabbing move is the recommendation that GP services are available from "dawn to dusk" (*C&D*, Nov 19, p8) because somebody at a citizens' summit suggested it would be more convenient. I think it would be convenient if GP surgeries served free cappuccino and biscuits while I relaxed on a leather sofa, but I would hate to think NHS money was wasted on a whim like this.

This idea comes shortly after GPs' hours were cut to make them more tolerable and slow the numbers leaving the profession, so I agree with the shadow health secretary that this shows a lack of "joined up thinking". Assuming that GPs will not be asked to work longer hours, the Government must find more GPs to cover the additional surgeries. Short of stealing even more doctors from other countries, that doesn't seem likely. Evening and night shifts won't be

popular with GPs, who only man the existing extremely well paid out-of-

hours services on the basis that they deal with the majority of problems over the phone.

Pharmacists will be similarly unwilling to work even more unsocial hours, and certainly not for free. As a direct result of GP surgeries closing on Saturdays some pharmacies now do the same, and as we are no longer paid for dispensing prescriptions out of hours most pharmacists were under the impression that working hours were declining rather than increasing. As the Government seems increasingly unwilling to even pay us fair fees for our most basic work it is unlikely to fork out for hare-brained schemes such as this.

Patricia Hewitt has to decide if she wants longer opening hours or not but, let's be clear, this sort of 'choice' comes at a price.

## Time for the big question

In amongst all the interesting opinion about independent prescribing for pharmacists in last week's issue, the section that really hit the nail on the head was the Questiontime question: 'Will you look to qualify as an independent prescriber?' The choices were:

- Yes, but I'm worried about funding.
- Not sure.
- No, I've got enough on my plate.

My full response would have to be a mixture of all three. It's very early days and I haven't fully got my head around all the issues and implications, so I'm not sure. But I've got so much on my plate right now that the thought of taking on one more thing makes my head spin, and I would

never consider it without funding.

Amidst all the praise for this wonderful new opportunity nobody is saying that they would be happy to pay for it. If this is going to be an enhanced service, there is no point getting involved unless there is a very good chance your PCT will pay. While MURs are worth speculating on, with minimal investment guaranteeing a shot at centrally funded, ring-fenced money, investment in independent prescribing without prior agreement from your PCT is a major gamble.

I predict that independent prescribing will only be offered by a very limited number of highly motivated and lucky pharmacists, initially at least. But from small acorns...

Michael J Fox made an instant decision. Despite his sophisticated De Lorean sports car, 2,000 Indians armed with bows and arrows called for a handbrake turn.

Similar thoughts occurred to Quartermaster Prichard in South Africa's Islandwana during Victoria's reign. While getting everything right about rate of fire, Zulu's speed and distance he miscalculated the number of courageous warriors attacking the most sophisticatedly armed and disciplined army in the known world by a factor of 100. After distributing each soldier with his carefully calculated required number of rounds he was promptly killed, taking the armoury keys with him. Highly trained soldiers used state of the art rifles as clubs. Misguided prudence destroyed a 1,000-man regiment and collapsed British-perceived invincibility.

## Highly trained soldiers used state of the art rifles as clubs

Back home, male life expectancy in Glasgow is 12 years less than in Dorset. Along each eastward stop of London's Jubilee Line, male life expectancy drops by one year. General practice is the NHS thin red line in the battle against such statistics but postcode health is an unfortunate matter of fact.

Sharing the same universal sophistication of medical training, technological advantage and health professional vocation but lacking the political will to address social class inequalities is the Quartermaster Prichard approach to health. Asking GP surgeries to open longer is fine, seeking pharmacists' support makes sense, looking to nurses is eminently reasonable but unless the silver bullets are there we will not defeat the inequalities in health.

When it comes to resources, like De Lorean, the Government's promise does not match up to what it delivers. Make sure you know where the hand brake is.

*Dr Ian Banks is a GP practising in Northern Ireland*



# What is the fuss about?

Following the investigation into the activities of the North East London LPC, Ashwin Tanna says that one of the LPC's executive has been unfairly singled out

I am responding to recent criticism about our president of the Royal Pharmaceutical Society, Hemant Patel. People have called for him to step down from his position as secretary and treasurer, North East London Local Pharmaceutical Committee, others have called for the Society to investigate his actions.

NEL LPC has been the subject of an independent review carried out by a prominent external reviewer - Richard Bates - who was selected by North East London Strategic Health Authority. The review was triggered by complaints made by 87 of the 352 community pharmacies the LPC represents. The independent review also found that three out of seven PCTs in the area corresponding to the LPC did not consider the LPC to be representative of their pharmacy contractors.

Mr Bates's report highlighted the constitutional failures that led to the criticism of North East London LPC. The review resulted in four sets of recommendations being made, which have since appeared in the pharmacy press.

The LPC has accepted the review's recommendation and has admitted that the LPC had been tardy in relation to the publication of the accounts and failing to call an AGM.

The LPC has acted promptly to rectify some of the failings identified in the review. These actions include putting the audited accounts for 2002-05 to an AGM that was held on June 30.

The decision to withhold the funding from PSNC was the decision of the entire NEL LPC - including the representatives of the contractors who prompted the review - and not just Mr Patel, and that is supported by the majority of contractors.

In the LPC's opinion, the decision to withhold the funds was taken because it felt PSNC had failed to implement resolutions of the annual conference of LPC representatives, and in particular failed to negotiate the terms of the new pharmacy contract in a manner that adequately takes into account the interest of smaller independent



contractors in the NEL area.

Colin Baldwin, chief executive of the Company Chemists' Association, has confirmed that the 65 CCA member contracts constituted part of the 87 contractors who had sought the original inquiry.

In Mr Baldwin's opinion it was Mr Bates who sought to meet CCA representatives as part of his investigation and the CCA did not wish to see the LPC system undermined in any way. Furthermore Mr Baldwin categorically denied that there was any suggestion that the LPC funds had been misappropriated or misused.

NEL LPC has made the following points:

- Most of the details of their response is omitted from the review and is therefore misleading and fundamentally flawed.
- The review relates almost entirely to the corporate governance issue.
- There is no evidence to support the contention that the LPC is not representative of all the contractors.

The LPC also disputes the amount of money outstanding to PSNC as suggested in the report: it is £90,000 and not £45,000. These monies are safe in the LPC bank account and available to be paid to PSNC if and when its dispute is resolved, says the LPC.

It would be wrong, then, to judge Mr Patel individually when the decisions were taken by the entire committee.

However, if the contractors are not happy with the current committee members, then they have a similar option to that of the Save Our Society campaign and to vote out the current members if they stand again for the elections.

The Council of the Society has to take the interest in this matter since it affects the credibility of our profession.

I would therefore request the Society make a statement to clear the air about the whole episode once and for all and whether they are behind the president or not.

Let the profession move on at a time when we need unity among ourselves.

## The CCA responds

Colin Baldwin, chief executive of the Company Chemists' Association, was invited to respond to the article and submitted the following:

"We believe that LPCs are of fundamental importance to the future success of community pharmacy as an integrated partner in the provision of NHS primary care services.

"The new contract presents opportunities for community pharmacy to become a key player within the rapidly changing NHS and LPCs will increasingly

need to be the focus for the successful negotiation of local services.

"It is therefore vital that PCTs and commissioners have absolute confidence in the way in which all contractor bodies conduct themselves and we in CCA will do all we can through our local representatives to help LPCs successfully represent all community pharmacy contractors."

PSNC was also invited to respond to Mr Tanna's points, but declined.







# A personal view of MURs

With pharmacists in England and Wales delivering medicines use reviews, community pharmacist and Lloydspharmacy manager **Alison McCreedy** shares her experiences and gives some tips on some of the more practical aspects

Medicine use reviews give pharmacists a real chance to show how the profession on a large scale can contribute to patient care. If we treat them as an opportunity, not a chore, they could open the door for us to get more involved in the future.

Don't be afraid of them. Accreditation is straightforward, and the reviews themselves draw on skills you use every day, like patient counselling and asking the right questions.

They are not deep clinical investigations. What you are trying to establish is whether the patient is able to use their medicine in the way it is intended, and whether they understand why they are doing so. If not, then you can make suggestions to the patient and/or GP about possible changes that may make this easier.

Take time to explain the procedure to your GPs, show them the forms and the kind of suggestions you might make. It is important they understand what to expect when they receive the forms, to ensure they can interpret and act on the information, if necessary. It is also important to stress that you are offering advice and not making changes, and then to do so tactfully. This also applies to what you tell the patient – they must retain confidence in their GP.

Like anything new, there will be teething problems. Persuading patients to participate in an exercise they have never heard of can be difficult. I've found that stressing the fact that we are working with their GP on this is helpful.

Sitting down in private with their pharmacist is also a foreign concept for most people. A leaflet explaining what is involved

and why a review might be a good idea is helpful. The patient can take it away to consider, before coming back to you when they are happy.

Selecting the right patients is very important. Many people could benefit from an MUR, and most PCTs will issue guidance on patient groups they consider most appropriate. This could include people with diabetes, asthma or the elderly on four or more medications.

Try to liaise with your local surgery too. My GPs were happy with the idea of MURs, but concerned that I might duplicate the work of their practice nurse, who runs an asthma clinic. If we churn out piles of reviews of patients who are not suitable candidates, pharmacy will be the loser – we must handle this professionally and show that we can be trusted to become more involved in patient care.

This is also why it is so important to have a private consultation area. GPs would not dream of carrying out a consultation in a waiting room, so why would you do them at the counter?

The review itself involves recording patient information, a brief medical history, and full details of all current medicines and the way they are used, including problems being encountered. It can be tricky to find out if everything is being used exactly as prescribed – some people might not admit that they are not doing what they were asked to.

There is a lot to be recorded, some of it duplicated, as the form runs to more than one page. Time can be saved by filling in details from the PMR in advance, but this is only possible if you use an appointment system. This is great if you have a locum to cover you

while you do the reviews, but otherwise it can be very difficult to predict a quiet time when you will not be interrupted.

Appointments are another thing that patients are not accustomed to in the pharmacy. Make sure they understand the benefits to them of having the review, or they may just cancel or not turn up – not good news if you have employed a locum for the day.

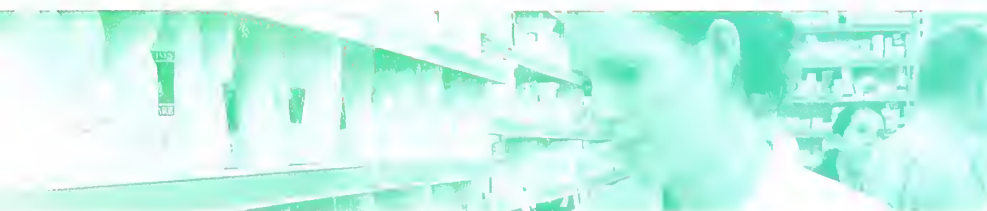
Conducting a review on a patient who happens to appear in the shop at a quiet moment may seem like a good idea, but it means you have no time to prepare the paperwork, or consider potential problems. Also, the patient is rushed into it, and may not think of all the medication issues they might have.

I find that reviews take 20 to 30 minutes, depending on the problems identified, and the willingness of the patient to talk. It's difficult to keep the conversation going, as you have to record all the details as you go along to ensure the patient also gets a copy. It might be easier if this could be posted to them, then the forms could be completed in full afterwards, from notes made at the time.

Time is an issue, but try to give the patient an opportunity to talk to you, rather than just answering questions. For example, you may be



**It is important to stress that  
you are offering advice  
and not making changes**





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Another view on MURs is on page 22 ►





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## Taking the plunge

**Ketan Amin**, a professional services pharmacist from UniChem's medicines management division, Pharmacy Alliance, offers advice on getting started with MURs

In any project we undertake, we are more likely to be successful if we invest time in the early stages in careful planning and preparation to ensure a clear pathway to achieving our objective(s). MURs are in no way an exception to this rule.

Adopting a proactive approach and investing time from the outset is inextricably linked to how many patients will visit your pharmacy for an MUR and how much of your £4,600 income you will realise by the end of March 2006.

The obvious first step for all of us is to meet the accreditation requirements. But having achieved this, how can we successfully drive this service forward in our pharmacies? Some of the challenges we face are common to all of us, for example: "It takes too much time, I don't have the confidence, I have little support from local GPs, my patients are not aware of the service."

I would argue that by identifying and addressing these obstacles in the early stages of planning and preparation, we could begin to overcome them. It is important to remember that MURs are a real opportunity for independent pharmacy. By moving quickly in this area we can get ahead of our multiple competitors by driving patient loyalty.

Engaging our pharmacy team and local GPs, as well as planning how we promote the service, are crucial issues that must be addressed. In

essence, we first need to 'sell' the proposition to all of the key stakeholders, clearly identifying what our aims are and the resulting benefits they can expect if they offer their support.

Pharmacy Alliance has been delivering community pharmacy-based services since 1998, and in our experience, GPs are more likely to support a service if they are involved from the outset, with the benefits clearly defined.

Collaborative working from the beginning is the key to successful implementation. The team has a key role to play in delivering this service and it is important to empower staff from day one. This will assist you with your next challenge – engaging patients.

I am sure we would all agree a service supported by a public awareness campaign is more likely to succeed, and more quickly, but can we really afford to wait for this to happen?

I would argue that we cannot. In the absence of such support, we must be proactive and promote our service locally through our own marketing, posters and patient information leaflets and by ensuring that our pharmacy team is equipped with the skills to actively 'sell' the service to customers.

There really is no time to waste. I urge you to start planning your MUR service and engage key stakeholders today to secure a successful and profitable future. This is a real opportunity for independent pharmacy to prosper in this new age. ☺







This article can help in the following CPD competencies: **G1a, G1c, C1g, C1f**. A list is available at [www.uptodate.org.uk/home/PlanRecord.shtml](http://www.uptodate.org.uk/home/PlanRecord.shtml)

# Taking the strain



## THE COLLEGE OF PHARMACY PRACTICE

This course (module 1355), in association with multiple choice questions being published in *C&D* December 3, provides one hour's continuing education

### Alan Nathan reviews the management of constipation

Constipation is the infrequent or difficult evacuation of faeces. There is no exact definition, but it is a reduction in normal stool frequency accompanied by hardening of stools. Constipation that is not secondary to underlying disease or caused by factors such as side effects of drugs or laxative abuse, is known as simple or functional constipation and may be self-treated with advice from a pharmacist.

#### Treatment

Laxatives can be broadly classified as bulk-forming, stimulant, osmotic, faecal softeners and faecal lubricants.

There are also several products for use as bowel evacants before abdominal investigations. Although these can be sold without prescription, they should be used only under medical direction and will not be discussed here.

#### Bulk-forming laxatives

Bulk laxatives contain either ispaghula husk (the seed coats of a plantain species), sterculia (a gum from a tropical shrub), or methylcellulose (a semi-synthetic hydrophilic colloid), and are normally the first-line recommendation for functional constipation. They contain polysaccharides or cellulose derivatives that pass through the gastrointestinal tract undigested and increase faecal volume by adding directly to the volume of the intestinal contents, softening

the faeces and adding to faecal mass by acting as substrates for colonic bacteria.

Patients may find some preparations more palatable than others. They usually act within 24 hours, but two to three days of medication may be required for a full effect so may not be appropriate for acute relief.

As bulk laxatives are not absorbed they have no systemic effects. They do not interact with other medicines and do not appear to interfere significantly with drug absorption. However, there is a risk of oesophageal and intestinal obstruction if preparations are not taken with plenty of water.

Abdominal distension and flatulence are possible side effects so, although they are not contraindicated, bulk laxatives may cause discomfort in the later stages of pregnancy. Some contain glucose, which needs considering in diabetes. Bulk laxatives may not be suitable for patients who must restrict their fluid intake severely.

#### Stimulant laxatives

Stimulant laxatives are thought to act mainly by stimulating the intestinal mucosa to secrete water and electrolytes. This is achieved through one or both of two mechanisms:

- Inhibition of the "sodium pump" (the enzyme sodium/potassium adenosine triphosphatase), preventing sodium transport across the intestinal wall, leading to the accumulation of water and

#### Objectives

- To know the main features of constipation
- To know the different types of laxatives and how they work
- To know how quickly they act
- To be aware of precautions for use



A diet high in fat and low in fibre can lead to constipation

electrolytes in the gut lumen.

- Increased production of fluid in the intestine through action on cyclic adenosine monophosphate and prostaglandins, which promote active secretory processes in the intestinal mucosa.

Stimulant laxatives may also directly damage mucosal cells, thereby increasing their permeability and allowing fluid to leak out.

The length of time for an effect varies according to the individual laxative's site of action, which may be in the small intestine, the large intestine or both, but they normally work within four to 12 hours. For this reason, doses are usually taken at bedtime to produce an effect the next morning. Suppository

Continued on page 24 ►



presentations (for example, bisacodyl) produce much faster results, usually within an hour.

The main adverse effects are griping and intestinal cramps. Prolonged use can result in fluid and electrolyte imbalance, and loss of colonic smooth muscle tone. This can lead to a vicious circle in which larger and larger doses are needed to produce evacuation, until eventually the bowel ceases to respond at all and constipation becomes permanent. Stimulant laxatives should be used for only short periods of a few days, at most, to re-establish bowel habit.

They are not contraindicated in pregnancy, but should be avoided in the first trimester. Stimulant laxatives are generally not recommended, and most are not licensed, for use in children under five years.

Several stimulant laxative agents are in products marketed for OTC sale. They fall into two main groups: diphenylmethane derivatives and anthraquinones.

**Diphenylmethane derivatives**  
Compounds available are bisacodyl and sodium picosulfate. Bisacodyl acts mainly via stimulation of the mucosal nerve plexus of the large intestine, so takes longer to act (six to 10 hours after oral administration) than laxatives acting in the small intestine. It is minimally absorbed and appears to exert no systemic effects. As bisacodyl causes gastric irritation there are no oral liquid presentations and tablets are enteric-coated.

Sodium picosulfate becomes active following metabolism by colonic bacteria so it has a relatively slow onset of action, usually within 10 to 14 hours. It can be used in young children.

### Anthraquinones

Anthraquinones are naturally occurring glycosides used in the form of standardised plant extracts. They are hydrolysed by colonic bacteria to release 1,8-dihydroxyanthraquinone derivatives, which are absorbed to a moderate degree but with little systemic consequence. They are believed to act through a combination of direct stimulation of the intramural nerve plexus and interference with absorption of water across the intestinal wall. The effects of individual preparations vary according to the speed of hydrolysis of the glycosides they contain and their anthraquinone constituents.

Anthraquinones derived from

several plant sources were popular for many years, but have dropped out of use. Apart from senna they are now found only in herbal medicines, which generally contain mixtures of plant-derived materials rather than a single constituent.

Anthraquinones are secreted in breast milk and large doses may cause increased gastric motility and diarrhoea in infants, so they should be avoided by nursing mothers. Anthraquinone glycosides are excreted via the kidney and may colour the urine a yellowish-brown to red, depending on its pH.

Aloin is an extract of aloes. It has a similar but more drastic action to senna and is irritant.

### Osmotic laxatives

Osmotic laxatives contain one of magnesium sulphate, magnesium hydroxide, sodium sulphate, lactulose, macrogols or glycerol. They are poorly absorbed and create a hypertonic state in the intestine. To equalise osmotic pressure, water is drawn from the intestinal wall into the lumen, raising the intraluminal pressure by increasing the volume of the contents, thereby stimulating peristalsis and promoting evacuation.

The effects of the inorganic salts are rapid: large doses produce a semi-fluid or watery evacuation within three hours and smaller doses act in six to eight hours. Magnesium salts are also believed to act by stimulating the secretion of the hormone cholecystokinin, which promotes fluid secretion and motility in the intestine. Some absorption of inorganic laxative salt ions occurs but in normal, healthy individuals the amounts are too small to be toxic and the ions are rapidly excreted via the kidney. However, accumulation of magnesium ions can occur in renal impairment, causing toxic effects in the central nervous system and altered neuromuscular function through hypermagnesaemia.

As renal function tends to decline with age it may be advisable to discourage regular use of magnesium-containing laxatives by elderly patients.

Absorption of sodium salts can result in water retention and a rise in blood pressure, and chronic use should be avoided in patients with renal insufficiency, oedema, high blood pressure or congestive heart failure. The main side effects of inorganic osmotic laxatives are nausea and vomiting. Large

doses can produce dehydration, so enough water should always accompany a dose to avoid a net loss.

Lactulose, a synthetic disaccharide, takes much longer to act because it has to be broken down by colonic bacteria, mainly to lactic acid. This produces a local osmotic effect. It may take 72 hours of regular dosing to produce an effect, a disadvantage to patients seeking rapid results. Lactulose is a disaccharide of galactose and fructose and includes some lactose, so cannot be used by patients with galactose or lactose intolerance and must be used with caution in diabetes.

Lactulose's sweet taste makes it palatable for children, to whom it can be safely given. But many adults find the large volumes required (up to 30ml) sickly and a deterrent to compliance. Serious adverse effects are rare. Relatively minor side effects, although they may be sufficient to discourage compliance, occur in about 20 per cent of patients taking full doses and include flatulence, cramp and abdominal discomfort, particularly at the start of treatment.

Macrogols (polyethylene glycols, PEGs) are condensation polymers of ethylene oxide and water. They are presented as powders that are dissolved in water and taken as a single daily dose.

Glycerol is a highly hygroscopic trihydric alcohol that appears to attract water of hydration into the intestine. It is also believed to have a direct mild irritant effect and may have some lubricating and softening actions. Glycerol is administered in the form of suppositories, which usually act within 15 to 30 minutes. It is a useful treatment for babies and young children. Glycerol is inactive by mouth as it is readily absorbed and extensively metabolised in the liver.

### Faecal softener

Docusate sodium is the only faecal softening compound available. It is an anionic surfactant that lowers the surface tension of the intestinal contents, allowing fluid and fat to penetrate, emulsify and soften faecal material for easier elimination. Evacuation is achieved without straining. Docusate is also thought to be a stimulant similar to the anthraquinones. A laxative effect usually occurs within one to three days.

Used alone, docusate is a weak laxative, but is useful for patients

who must avoid straining, for example following an operation or myocardial infarction. Docusate is non-absorbable and non-toxic but it is believed to facilitate the transport of other drugs across the intestine, so could increase their action and adverse effects.

### Faecal lubricant

Liquid paraffin is the only compound available. It is indigestible and absorbed only to a small extent. It penetrates and softens the faeces, coating the surface with an oily film that facilitates its passage through the intestine.

It has limited usefulness as an occasional laxative where straining must be avoided, but it has several drawbacks that make it unsuitable for regular use.

Liquid paraffin has several drawbacks: it can seep from the anus and cause irritation; it may interfere with the absorption of fat-soluble vitamins; it is slightly absorbed into the intestinal wall where it may set up foreign-body granulomatous reactions; and it may enter the lung through aspiration and cause lipid pneumonia.

It should not be used in the presence of abdominal pain, nausea or vomiting and should never be used for children.

### Evidence base

The efficacy of laxatives is surprisingly little researched, and much of the work has been carried out on elderly subjects. Systematic reviews and meta-analyses generally conclude that, while there is evidence of effectiveness for most laxatives, there is little evidence as to their comparative effectiveness.<sup>1,2,3,4</sup> Clinical trials have shown that macrogols appear to act more effectively and rapidly than lactulose, and have been suggested as the laxative of first choice for children.<sup>5,6</sup>

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## Actionplan

1. For the next 50 laxative prescriptions, record in your practice workbook the classes prescribed. Analyse the frequency of each type. Think about the use of two laxatives for any one patient.
2. If you look after care homes, analyse their prescriptions in terms of laxatives. What percentage of patients use laxatives regularly? How many use more than one? What do they use?
3. Think about your selection of a laxative in response to symptoms. In your practice workbook devise a table of factors you take into account.
4. List your drug of choice for each factor(s) and make sure your medicines counter assistants know your selection.
5. Stimulant laxatives are often used to "lose weight". Is there any evidence they act in this way? What do you do about patients making repeat purchases of such laxatives?
6. Do you still sell liquid paraffin or the emulsion? If so, do you give advice? Should you?

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Alan Nathan BPharm, B.A, FRPharmS, is a pharmacy writer and consultant, and former lecturer in community pharmacy practice at King's College London.

## Features of constipation

Causes	Constipation can be broadly divided into two types: a) Simple (functional): constipation with no underlying pathology. There are various causes, but it is often due to insufficient fluid or fibre in the diet. It is normally corrected with dietary or lifestyle measures, or short-term use of laxatives. b) Secondary: constipation with an underlying pathological cause. Refer for medical investigation.
Epidemiology	Constipation is common and may affect a quarter of the population at some time. Women are three times more likely to suffer than men. The condition is prevalent in the elderly, affecting up to 40 per cent of people over 65 years of age.
Symptoms and signs	<ul style="list-style-type: none"> <li>● Bowel frequency reduced below normal for the individual ("normal" can be from twice or three times daily to once or twice weekly).</li> <li>● Straining in attempt to defaecate, with possible abdominal pain and a feeling of incomplete bowel emptying.</li> <li>● Stools are harder than normal.</li> <li>● There may be abdominal bloating and discomfort.</li> <li>● Stools may be specked with bright blood, due to bleeding from haemorrhoids caused by straining.</li> <li>● Children with constipation may be irritable and lose their appetite.</li> </ul>
Differential diagnosis	Causes of secondary constipation include: bowel obstruction, carcinoma, faecal impaction, irritable bowel disease, hypothyroidism and drug side effects (see below for more detail of signs and symptoms).
When to refer	<ul style="list-style-type: none"> <li>● Constipation for more than seven days with no identifiable cause.</li> <li>● Recurrent constipation.</li> <li>● Colicky pain, nausea and vomiting, and abdominal distension (may indicate bowel obstruction).</li> <li>● Constipation accompanied by weight and appetite loss (may indicate carcinoma).</li> <li>● Blood in stools, which appear tarry and red or black (may indicate carcinoma).</li> <li>● Bright blood on stools or in lavatory pan. This usually indicates haemorrhoids, which is often not serious but should be diagnosed by a doctor.</li> <li>● Alternating constipation and diarrhoea in elderly patients, which may indicate faecal impaction and overflow. In younger patients, alternating constipation and diarrhoea may indicate irritable bowel syndrome.</li> <li>● Constipation with associated weight gain, lethargy, coarse hair or dry skin (may indicate hypothyroidism).</li> <li>● Suspected adverse drug reaction. Constipation is a common side effect of drugs with antimuscarinic actions, including older antidepressant drugs, such as amitriptyline and imipramine, anti-Parkinsonian drugs, such as orphenadrine, procyclidine and trihexphenidyl (benzhexol), and anti-psychotics, such as chlorpromazine and thioridazine.</li> <li>● Other drugs that can cause constipation include opioid analgesics (morphine, codeine, dihydrocodeine), aluminium containing antacids, antihypertensives (such as verapamil), and iron.</li> </ul>
Treatment	See main text.
Associated advice	<p>To help prevent constipation:</p> <ul style="list-style-type: none"> <li>● Eat a diet high in fibre, including whole grains, fruits and vegetables.</li> <li>● Cut down on food low in fibre.</li> <li>● Drink plenty of non-alcoholic fluids, the equivalent of at least eight to 10 glasses of water a day.</li> <li>● Take regular exercise to improve bowel function and reduce stress, which can cause constipation.</li> <li>● Establish a regular bowel habit. The best time to try for a bowel motion is usually the first hour after breakfast, when the gastrocolic reflex is activated.</li> </ul>

## Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the December 3 issue, which will cover this week's CPP-accredited module, together with that in the November 12 issue. This will be cover:

- **Dysmenorrhoea (1354)** ● **Constipation (1355)**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers.

People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

  
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# HIV drug resistance rising in the UK

Resistance to HIV drugs in the UK is amongst the highest in the world and is increasing in all demographic groups, researchers report in the *BMJ*.

Rates of resistant infection are likely to be rising because of transmission from patients who know they are infected, say the authors, adding that more education is needed for this group.

High level resistance to any retroviral drug increased from around 4 per cent in 1998 to 13 per cent in 2002-03. Medium or high level resistance increased from around 8 per cent to over 19 per cent in the same time period. The authors estimate that 13 per cent of treatments started in 2002-03 were suboptimal because the patient was already resistant to one or more drugs in the regimen.

Incidence of HIV drug resistance is estimated at 7 per cent for chronically infected

patients in the USA, 6 per cent in France and 10 per cent in other parts of Europe.

The sharpest increase in resistance was seen with the use of non-nucleoside reverse transcriptase inhibitors, which are prescribed in great quantities in the UK.

For more information:

[www.bmj.com](http://www.bmj.com)

doi:10.1136/bmj.38665.534595.55



## Niaspan and statin reverses atherosclerosis

Adding prolonged-release nicotinic acid to statin therapy can reverse atherosclerosis and raise HDL cholesterol levels, claimed researchers at the American Heart Association congress last week.

Patients who received Niaspan and simvastatin saw an increase in their HDL cholesterol levels of up to 24 per cent.

Changes in atherosclerosis, measured as carotid intima media thickness, were found with reductions of around 0.04mm after Niaspan had been used for 24 months.

This study builds on previous studies that discovered prolonged release nicotinic acid slowed the progression of carotid atherosclerosis over 12 months when added to statin therapy.

Cardiovascular disease is linked to more than one in three deaths per year and costs approximately £26 billion in health care and productivity loss.

## Asthma prescribing reminder

The Medicines and Healthcare products Regulatory Agency has issued a reminder for prescribers that patients on long-acting beta<sub>2</sub> agonist should also be taking inhaled steroids.

Results from a US study showed patients using salmeterol without inhaled corticosteroids were at a higher incidence of asthma-related adverse events, particularly if they were African-American.

The MHRA reminded

prescribers:

- Patients using salmeterol or formoterol should always be prescribed an inhaled corticosteroid.
- Patients with acutely deteriorating asthma should not be initiated on salmeterol or formoterol.
- Patients should be closely monitored during the first three months of treatment.

For more information:

[www.mhra.gov.uk](http://www.mhra.gov.uk)

## Combination good for RA

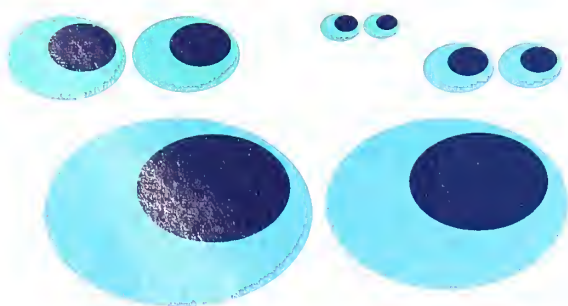
Rituximab with methotrexate significantly improved signs and symptoms of rheumatoid arthritis in patients who had not responded to anti-TNF therapy, announced researchers last week.

Presenting Phase III data at the American College of Rheumatology conference, researchers announced that 51 per cent of patients using rituximab (MabThera) and methotrexate achieved a 20 per cent

improvement in signs and symptoms, compared to 18 per cent using placebo plus methotrexate.

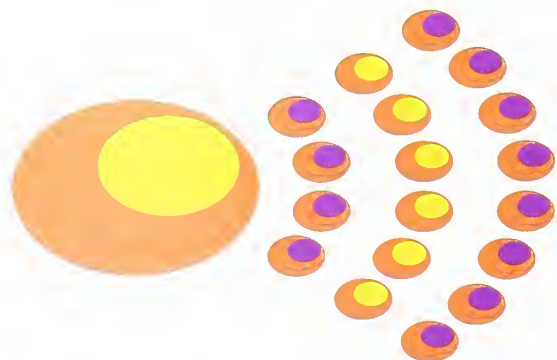
Twelve per cent of the MabThera and methotrexate patients achieved a 70 per cent improvement.

The patients received two infusions of rituximab 1,000mg, or two placebo infusions, 14 days apart and continued with methotrexate and a two-week course of glucocorticoids.



look

...



listen



# Asthma combo cuts attack risk...

Patients who used Symbicort (budesonide/cformoterol) as a maintenance and reliever therapy reduced their risk of a severe asthma attack by 25 per cent, researchers claim.

Published in the *European Respiratory Journal*, the study found patients also required less rescue medication compared to patients using salmeterol/fluticasone (Seretide) and a separate reliever.

The COSMOS study followed 2,143 patients with moderate to severe asthma for 12 months. Patients who used Symbicort reduced the time to their first severe asthma attack by 25 per cent. The patients had fewer asthma attacks overall – 255 compared to 329 attacks per patient in the Seretide and separate reliever cohort. Fewer (by about 1,000) oral steroids were taken by the Symbicort group. They also used less reliever medication.



Starting maintenance dose for Symbicort was 200/6mcg two inhalations twice daily, plus additional inhalations when required. Seretide patients started on 50/250mcg twice daily with a separate reliever inhaler. After four weeks, patients were titrated as necessary either up or down.

For more information:

*European Respiratory Journal* 2005; 26: 819-28

## Scriptlines

### Flexin

Flexin Continus, Flexin LS Continus and Flexin 25 Continus indometacin tablets are being discontinued by manufacturer Napp Pharmaceuticals.

Stocks of the packs of 28 tablets are expected to run out in December.

For more information:

Napp Pharmaceuticals  
Tel: 01223 424444

### Acti-glide in DT

Acti-glide will be prescribable and listed in Part IXA of the *Drug Tariff* (elastic hosiery section) from December 1.

Acti-glide is used by patients to help them put on tights, thigh-length and knee-high hosiery and can be used with closed or open toe compression hosiery.

For more information:

[www.psn.org.uk](http://www.psn.org.uk)

### Nebcin discontinued

Nebcin vials (tobramycin 20mg/2ml; 80mg/2ml) will be discontinued from the end of November 2005, due to

manufacturing problems, King Pharmaceuticals has announced.

For more information:

King Pharmaceuticals Medical Information  
Tel: 01462 442993

### Viroflu launches

Viroflu, a pre-filled syringe with influenza vaccine, has been launched by Sanofi Pasteur MSD.

Viroflu is an inactivated flu vaccine and conforms with the World Health Organization recommendations for the northern hemisphere and the EU decision for the 2005-06 season.

Price: 0.5ml, 320-2165, £6.59; 10 x 0.5ml, 320-2181, £65.90

Sanofi Pasteur MSD  
Tel: 01628 785291

### AlitraQ discontinued

Abbott Laboratories has announced it is withdrawing AlitraQ nutritional powder on December 31.

For more information:

Abbott Laboratories  
Tel: 01628 773355



# ETP Help Desk

## Week 5

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### Q WILL PAPER PRESCRIPTIONS DISAPPEAR?

With Release 1 of ETP, paper prescriptions will still be used. The script will display a bar code and a set of identifying numbers on the right hand side, giving it a unique identity.

With Release 2 of ETP, the legally valid prescription will be a digitally signed electronic prescription, which means patients will no longer need to collect a paper prescription from their GP.

A paper prescription, hand signed by the prescriber, will not be issued unless there are specific reasons to do so. For example, at present controlled drugs are outside the scope of ETP, although this may change in the future.

### Q WHAT WILL THE REPEAT DISPENSING PROCESS LOOK LIKE?

For Release 1, where paper prescriptions continue to be used, the repeat dispensing process will remain the same as it is at present.

When Release 2 is implemented, patients will no longer have to call at their GP surgery to order and collect their signed repeat prescription. Instead, these will be sent electronically to the pharmacy for collection by the patient. This will facilitate the development of new services for patients, for example home delivery.

### Q HOW WILL THE NEW SYSTEM HANDLE INCOMPLETE SCRIPTS?

The way these are handled will depend on the specific IT system in use at the GP practice. We cannot generalise at present, but the experience of the initial implementer site at Keighley is that no incomplete scripts have been provided since the introduction of ETP. This suggests that the IT system in use at the GP practice taking part in the initial implementation will not allow a script to be printed until it has been fully completed by the GP.

For further information, please email AAH on [LINKEvolution@aaah.co.uk](mailto:LINKEvolution@aaah.co.uk)

AAH Pharmaceuticals Ltd., Sapphire Court, Walsgrave Triangle, Coventry CV2 2TX



## How to face Christmas

Skin Doctors is offering two Christmas gift bags to help pharmacy customers keep their skin in tip-top condition.

Plump Without Collagen contains Antarcticlyne 50ml, Potent C+ Triple Strength Serum 30ml and Accelerator 30ml. The Alternatives contains Antarcticlyne 15ml, Relaxaderm 15ml, Gamma Hydroxy 15ml and a cosmetic mirror.

The boxed products in each gift bag are in a silver cosmetic bag.

**Price: The Alternatives £29.95; Plump Without Collagen £59.95**

Skin Doctors Cosmeceuticals

Tel: 0845 612 2077

## Old wives' tales and Beechams remedies

There is no cure for the common cold, but until one is discovered, GlaxoSmithKline Consumer Healthcare would like us to reach for Beechams remedies, which it is promoting in its latest £5.4m multi-media advertising campaign.

The campaign, for Beechams All-in-One and Beechams Flu Plus, with the latter highlighting new Hot Drinks stick sachets, starts now on national TV and will run until mid January 2006.

It builds on the 'Folklore' campaign of recent years, which looked at quirky old wives' tales for curing colds, underpinned by the strapline 'Until there's a cure, there's Beechams'.

There will be two 30-second ads



UNTIL THERE'S A CURE THERE'S BEECHAMS



– 'Ice hole' featuring Beechams All-in-One and 'Yak' highlighting Beechams Flu Plus – to be rotated during the campaign period.

A six-week poster campaign has already begun on London buses and the Underground.

National bus interior advertising will follow in January, together with a seven-week campaign in

magazines such as GQ and FHM and in the national press.

The final element of the multi-media strategy will be internet advertising on a number of websites, including AOL, CH4 and lastminute.com.

**For more information:**

GlaxoSmithKline Consumer Healthcare  
Tel: 0845 762 6637

## Benylin Cough, Cold & Flu Monitor

Brought to you by Benylin®

**Nov 26**

### Benylin KEY FACTS

● 2.5 million people in the South will be suffering from respiratory illness this week

● Coughing is the most prevalent symptom

● Glasgow, Manchester, Leeds, Norwich, London and Newcastle are all on pre-alert status



Guaifenesin & Levomenthol

Glasgow

Newcastle

Leeds

Manchester

Birmingham

Norwich

Bristol

London

Plymouth

- Normal
- Advisory
- Pre-alert
- Alert

Chesty Coughs Sachets (GSL)

Visit [www.coughandcoldadvice.co.uk](http://www.coughandcoldadvice.co.uk) for more information

Further information is available from Pfizer Consumer Healthcare, Walton-on-the-Hill, Surrey, KT20 7NS

## Fruity flavour bars for kids

Bio-Synergy is introducing fruit bars for children next month in three flavours of coconut and papaya, pineapple and mango and multifruit.

The bars are free from artificial flavourings, colourings, preservatives, sugar, salt and fat.

In-store promotions will include buy one get one free offers and money off coupons in consumer magazines.

● Bio-Synergy says any pharmacist who buys any of its products through UniChem will receive a free single/case of 24 if they provide proof of purchase.

**Price: Fruit bars £0.69 each**

Bio-Synergy Ltd

Tel: 020 7935 5291

## Relax again

The Radox bath advert is back on television this week, in a campaign that runs until December 4th. The advert features a woman enjoying a bath as the stresses of her day are played back to her in the style of a Broadway musical.

**For more information:**

Sara Lee

Tel: 01753 523971

## Inbrief

### Medised on TV

Medised for Children and Meltus are being supported by a 30-sec TV advertisement to be aired nationally on GMTV throughout November and December. A second campaign for Meltus will also run in the first two weeks of January 2006.

**For more information:**

SSL International

Tel: 0870 122 2690

### In the zone

L'Oréal's Pure Zone Deep Control Anti-Imperfections Regulating moisturiser is available from January 2006. Press and TV advertising starts at the beginning of January across the UK.

**Price: £6.49 for 50ml pump**

L'Oréal Group UK

Tel: 020 8762 4000

### Winter Olbas

Olbas is featured in a new television advertising campaign showing a family of animated 'noses' suffering with colds, and the solutions Olbas can provide.

**For more information:**

GR Lanes

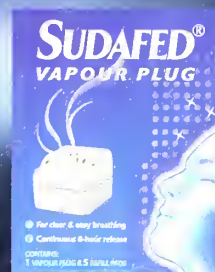
Tel: 01452 507458



# Breathe easy



Imagine a roomful of gentle eucalyptus, menthol and camphor oils,  
helping you breathe clearly and easily right through the night.  
Plug in a new comfort zone with Sudafed Vapour Plug.



Room to breathe



# Healthy teeth and gums

Passion4Health is bringing the US dental hygiene brand to UK pharmacists.

Products include Flossbrite, a single-handed flossing device, pre-loaded with dental floss and the children's equivalent, Kidsbrite; Sensiblock, a tooth desensitising liquid that blocks sensitivity for three months; and Crystal Breath Capsules that freshen breath from within.

There is also Temparin temporary tooth filling material; a Toothache Kit and the Dental Pik Ultra, which removes plaque, tartar and stains from the teeth.



A £500,000 promotional campaign, comprising national TV and press advertising, kicks off in January 2006. There is also a consumer PR programme.

**Price: from £2.99 to £7.99**

Passion4Health  
Tel: 01932 571155

## Two-way stretch gives support

Fortuna Healthcare's new Premium Support range for the ankle, knee, elbow and wrist is now available in pharmacies across the UK.

The company says the supports are ultra-thin and lightweight, yet give superior compression compared with similar products in the market.

They also have a distinctive pattern, which acts as a guide for easy application.

A two-way stretch allows for freedom of movement while providing maximum support.

**Price: £6.95**

Fortuna Healthcare  
Tel: 020 8805 7805

# Keeps you dry and comfortable

More than two million women in the UK are using the wrong products to cope with bladder weakness, says Kimberly-Clark, the supplier of Poise liners and pads.

The company says one in four

women over the age of 40 experiences bladder weakness in some form and is using sanitary pads instead of products specifically designed for the problem.

New and improved Poise pads

and active liners, the company says, are 10 times drier than a similar sized maxi sanitary pad. They are made from an absorbent material containing a special core, which absorbs liquid quickly and neutralises odour by trapping

the urine away from the air. The ultra soft, breathable outer cover also helps the wearer keep fresh.

**Price: from £2.40 to £3.30**

Kimberly-Clark  
Tel: 01732 594000

## Six of the best

EMT Healthcare is distributing six Personal Screening home use tests for LDL cholesterol, total cholesterol, diabetes, prostate, menopause and bowel disorder, with more to come for sexually transmitted infections.

The tests are MHRA and CE approved.

EMT Healthcare says the tests are also available in plain packaging for use in the pharmacy, providing the opportunity for customers to be offered a personal consultation.

**Price: from £7 to £19.99**

EMT Healthcare  
Tel: 0115 849 7700

## PERSONAL SCREENING

### COUNTER DISPLAY STAND

BUY THE COMPLETE RANGE OF 6 TESTS



## Let there be light

The Sad Light Company in Southport, which trades as the National Light Hire Company, is offering its goLITEP1 lightbox for the treatment of seasonal affective disorder.

The patented lightbox uses Bluewave technology, which the company says is the bandwidth of light that suppresses melatonin and shifting circadian rhythms and therefore can help treat this debilitating winter depression.



The goLITEP1 measures 6x6in and weighs 11oz. It is made from durable lightweight plastic, stores up to three personal settings, has a built-in digital timer and adjustable light intensity and shuts down automatically. It uses long-lasting eye-safe LEDs and has an anti-glare diffuser lens.

**Price: £199**

The Sad Light Hire Company  
Tel: 0870 143 6702

# look, listen, learn

Months of listening, testing and checking has produced a whole new direction for generics packaging. The old APS cartons are starting to disappear, replaced by new TEVA UK Limited designs that aid fast, safe, sure recognition and dispensing.

We've **looked, listened and learned**. Every angle has been looked at. In fact, you could say it's a 360° all-round view.

For more information about new generics packaging from TEVA, visit [www.teva360.com](http://www.teva360.com) or call 0800 590 502.



TEVA

360°



## Christmas closures

- The Medical Information Department and the Health Alliance Pharmacy will be closed from 4pm on Friday 23 December 2005 until 9am on Tuesday 27 January 2006. An alternative point of contact for medical information and sales enquiries is available over 0800 400000.
- Loxosol will be closed from 4pm on Friday 23 December 2005 until 9am on Wednesday 27 December 2005. It will then close at 3pm on Friday 30 December 2005 and re-open on Tuesday 3 January 2006 at 9am.

The order deadline for standard delivery before Christmas is 3pm on Wednesday 21 December 2005. Order deadline for special delivery before Christmas (with a charge) is 3pm on Tuesday 20 December 2005. For standard delivery before New Year the order deadline is 3pm on Wednesday 27 December 2005. For special delivery (with a charge) the order deadline is 3pm on Thursday 22 December 2005.

Correspondence: 01753 688882



**Abbott Diabetes Care:** GMTV, Sat

**Ambi Pur:** All areas except U

**Bisodol:** Sat

**Covonia:** five, GMTV, Sat

**Cura-Heat Back Pain:** All areas except LWT, GMTV, Sat

**Cura-Heat Arthritis Pain, Knee & Wrist:** All areas except LWT, GMTV, Sat

**Just for Men:** All areas

**Kalms Sleep:** GMTV

**Medised:** GMTV

**Meltus:** GMTV

**Nytol:** All areas

**Olbas range:** five, GMTV, Sat

**Radox Bath:** All areas except U, C4

**Seven Seas Cod Liver Oil:** C4, Sat

**TENA Lady:** All areas except U, CTV, LWT, GMTV

**TENA Pants Discreet:** All areas except U, CTV, LWT, GMTV

**ThermaCare:** All areas except GMTV

**Vagisil Medicated Crème:** G, C, HTV, W, five, GMTV, Sat

**Vicks First Defence:** All areas except GMTV

**Ymea:** G, C, HTV, M, GMTV

**Zovirax Cold Sore Cream:** C4, five, Sat

**PharmaSite for next week:** Panadol – Window, Asilone – In-store, Vicks First Defence – Dispensary  
Pharmacy channel: Night Nurse, Smart Cells

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

## Training, Training, Training

with Trevor Gore

Research conducted by  
Reckitt Benckiser  
Healthcare has

showed that when it comes to constipation, pharmacy counter assistants feel "ill-equipped" to provide customers with the right level of advice. On average, they ask only two questions before recommending a treatment. This is not enough, considering that 69% of people who shop for laxatives in pharmacy do so because they are looking for advice.

In a combined activity Trevor Gore has undertaken a series of 16 evening seminars, from Aberdeen to Belfast, and Newport to Croydon, in conjunction with the distribution of the Senokot Pharmacy Guide to the Digestive System.

The evening uses the award winning keypad system which allows members of the audience to vote, without 'putting them on the spot' on issues that concern them.

On commencement of the seminar, questions revealed that 68% of assistants refer constipation sufferers to the pharmacist, as they do not feel confident enough to advise on the condition.

The training follows the structure of the *Pharmacy Guide to the Digestive System*, training the assistant on techniques of how best to serve the customer.

Asking the right questions "VVHAM" – Who is it for? What symptoms? How long? What action has been taken? Any other Medication?

How does the digestive system work?

Lifestyle advice – exercise, fibre and fluid intake, and other medications that might cause constipation

Treatment advice – various forms of laxatives, such as bulk forming, osmotic and stimulant laxatives

On completion of the seminar, 73% feel more confident that they are able to ask the right questions before recommending a product and know when to refer to the pharmacist.

This is the second in a series of articles, showing how Reckitt Benckiser and Senokot are continuously supporting pharmacy to deliver a better service to their customers.

If you would like to participate in one of Trevor Gore's Seminars, contact Jo at Dolphin on Tel 01299270055. If you would like to order a free copy of the training material, please call Reckitt Benckiser on 0500 455456.





With Boots launching a chlamydia screening programme across London, pharmacists are being called on to provide more sexual health advice than ever, reports **Anna Hodgekiss**

# Sexual revolution

Chlamydia has been branded Britain's 'silent epidemic' – a symptomless infection affecting up to one in 10 young people.

There's no denying the seriousness of its consequences, both human and financial. It can render sufferers infertile, and is estimated to cost the UK around £100 million a year.

Pharmacists are increasingly finding themselves on the front line of one of the biggest public health drives in recent years.

Infection rates are climbing steeply, with the number of cases increasing by 8 per cent in 2004 to a record high of 104,000 – although experts say part of this can be attributed to higher screening rates.

Two weeks ago, Boots launched a chlamydia screening programme in partnership with the Department of Health. And as independent pharmacies around the country get involved in testing young people, never before has pharmacy been so vital in maintaining the nation's sexual health.

While emergency hormonal contraception (EHC) is now an integrated part of everyday dispensing, talking about sexually transmitted diseases is a different matter, and can lead to embarrassment for both parties.

"I think people have a lot of reservations about sexual health, as it's different to EHC," says Miriam Armstrong, chief executive of PharmacyHealthLink. "People who have had EHC training will be ahead of those who haven't, especially if they've done training involving role play."

"Regardless of whether a pharmacy offers a chlamydia screening service, every healthcare professional should know



the basic facts about sexual health," adds Ms Armstrong. "Know that chlamydia is the biggest problem at the moment, know that gonorrhoea and syphilis are on the rise, and know the symptoms that go with them."

She says that for those not confident discussing sexual health in depth, displaying leaflets is often the easiest and safest way to raise awareness. By adopting a signposting role, pharmacists can use the resources available, then let people go away and digest the information, reassured that support is there if needed.

## Confidentiality fears

Concerns over confidentiality stop many young people accessing pharmacy services, says Ms Armstrong. "It's not the fear of the family GP finding out, but a family friend seeing or overhearing them discussing sexual health in the shop." A sign indicating that a private consultation area is available is crucial, as is informing people that no details will be passed onto the GP without their consent. "It can seem obvious to us," says Ms Armstrong, "but we must remember many young people won't know these things."

Training staff to deal with sexual health queries also helps to put customers at ease. All employees should be briefed about the services on offer – not just the pharmacist, who may not be the first person customers see.

"It's vital the customer isn't penalised if they ask the wrong member of staff, which is one of the main barriers at the

## What is the Government doing?

The Government announced an extra £300 million to modernise sexual health services last November, as part of the public health White Paper, *Choosing Health*. This included £80 million to ensure the national chlamydia screening programme is available nationally by 2007, and a £50m sexual health advertising campaign.

As part of the national 2007 rollout

target, the DoH is funding a two-year pathfinder pilot to test the effectiveness of community pharmacies as an access point for chlamydia screening. The pathfinder service is expected to improve access and lead to increased levels of targeted population screening. If the community pharmacy setting is deemed to be successful after two years, a national programme will be considered.

Continued on page 34 ►

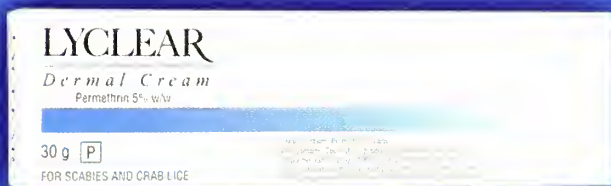


# WHEN YOUR PATIENTS ARE FEELING LOUSY

## IT'S TIME TO RECOMMEND LYCLEAR

Lyclear is highly effective and is the most dispensed treatment for head lice, pubic lice or scabies.<sup>1</sup> Containing the active ingredient permethrin, Lyclear is available in two formulations. Lyclear Creme Rinse is the only 10-minute treatment available for head lice and is also suitable for asthmatics. Lyclear Dermal Cream is an easy-to-apply and virtually odourless cream for pubic (crab) lice and scabies.

So, if your patients are feeling lousy, recommend Lyclear!



## TOUGH ON LICE AND SCABIES EASY ON PATIENTS

**Product Information:** Lyclear Dermal Cream. **Presentation:** A white topical vanishing cream containing the active ingredient, Permethrin 5% w/w. **Posology and administration:** Treatment of scabies: Suitable for use by adults and children over 2 months. Skin must be clean, dry and cool prior to application. Apply to the whole body area, excluding hair and face, and wash off with soap and water after 8-12 hours. One 30g tube is enough to treat one hairy adult. Recommended amounts for children: 2 months to 1 year - up to 1/8 of a tube; 1-5 years - up to 1/4 of a tube; 6-12 years - up to 1/2 of a tube. **Treatment of pubic 'crab' lice:** Suitable for use on adults over 18 years only. Sufficient cream should be applied to cover the pubic region, peri-anal, inner thighs down to the knees and any hair that grows up from the pubic area to the chest/stomach. One (30 g) tube is more than

sufficient to treat one hairy adult. It is recommended that up to 1/3 of a tube is used to treat the pubic region, peri-anal region, thighs stomach and chest. Not more than 2/3 of the tube should be needed for complete treatment. The cream should be left on the skin for 24 hours. The treatment areas should then be thoroughly washed. **Uses:** For the treatment of infections with scabies and pubic 'crab' lice. Not to be used for treating head lice. **Contraindications:** Individuals with known hypersensitivity to the product, its components and other pyrethroids or pyrethrins. Take care if using a corticosteroid medicine. **Precautions:** If accidentally introduced into the eyes, rinse immediately with plenty of water. For external use only. If symptoms persist, consult your doctor. Keep out of reach of children. **Legal category:** P **Product licence number:** 02855/0014. **Product licence holder:**

Chefaro UK Ltd, 1 Tower Close, Huntingdon, Cambs, PE29 7DH. **Package quantity and RSP:** £9.62 for a 30g tube. **Product Information:** Lyclear Creme Rinse. **Presentation:** A light orange coloured topical cream containing the active ingredient Permethrin 1% w/w. **Posology and administration:** One 59ml bottle is usually sufficient to treat one person with shoulder length hair of average thickness. Also available in a twin pack containing 2 x 59ml bottles. Suitable for adults and children over 6 months of age, also suitable for asthmatics. Children under 6 months of age should be treated on the advice of a doctor. Shake thoroughly and apply to washed, towel dried hair. Leave on hair for 10 minutes before rinsing thoroughly with water. **Uses:** For the treatment of infections with the head louse *Pediculus humanus capitis*. **Contraindications:** Individuals with known hypersensitivity to the product,

its components and other pyrethroids or pyrethrins. **Precautions:** If accidentally introduced into the eyes, rinse immediately with plenty of water. For external use only. Shake thoroughly before using. If symptoms persist consult your doctor. Keep out of reach of children. **Legal category:** P **Product licence number:** 02855/0013. **Product licence holder:** Chefaro UK Ltd, 1 Tower Close, Huntingdon, Cambs, PE29 7DH. **Package quantity and RSP:** 59ml is £3.99 and the twin pack (2x59ml) is £7.25. **Reference:** 1. IMS, 2004, annual trend to June 2004.



moment. If young people, who are the key chlamydia target group, sense they are being judged, they won't come back again," she says. Under the new contract, pharmacists are also being encouraged to make sexual health one of their annual campaigns.

This is also a good opportunity to contact local GPs and make them aware you are offering these services.

## The future

"The DoH-Boots partnership shows that ministers realise community pharmacy is a fantastic opportunity to deliver screening to patients," says Neal Patel, NPA/NHS liaison manager.

Although the NPA said when Boots won the contract that the scheme should be rolled out nationally, Mr Patel insists the NPA supports the decision. "We were initially concerned that if screening was done through just one pharmacy chain, then patients served by other chains would lose out. We want everyone to benefit, especially those in socially

disadvantaged communities. That's why we said we wanted the programme rolled out nationally, to ensure health inequalities are not driven up."

Mr Patel cites the previous screening trial in Telford, where chlamydia treatment was under a PGD in a community pharmacy. "The key to that trial was that when given a choice about where to receive treatment, the majority chose pharmacies rather than GPs or GUM clinics."

Pharmacy's success in providing advice will be judged on the take-up rates, says Hilary Edmondson, lead for the Hull and East Riding Pharmacy Research Network Hull. "These tests cost money, so it's a waste of resources if they're given out and not returned. If you're only getting a return rate of, say, 30 per cent, then people won't think it's good enough."

Assisting in combating chlamydia is now a significant challenge to pharmacists, and if they succeed, it will be counted as a major victory in the Government's war on STDs – a fight that will have a huge effect on the future of public health.



# It's good to talk

"As good as your dad, only probably easier to talk to," is the service pharmacist Raymond Hall promises Hull University students. Staring back at them from toilet doors in the union bar, these posters are one tactic he uses to target students living away from home for the first time.

As the nearest pharmacist to the university, Raymond has embraced the subject of sexual health and markets the husband-and-wife team he runs with other half Fi as "loco parentis".

Condoms, pregnancy tests and a wealth of sexual health leaflets are cleverly placed with other student essentials such as contact lens solution and sports knee supports. This enables the condom rack's main visitors – men – to stare at the slightly less intimidating ankle supports while selecting the condoms of their choice, reducing embarrassment.

The Halls have also installed a 'Canesten corner', dedicated to thrush and cystitis treatments. Located at the back of the store, it is discreet, and also enables the subject of in-

house chlamydia testing to be broached more smoothly. Sexual health is also tackled through EHC counselling, the majority of which is done by Fi, a registered nurse, midwife and family planning tutor.

Under-25s in Hull are automatically offered free chlamydia screening after it emerged Yorkshire and Humberside had the highest rate of infection outside London. This involves a high vaginal swab, which is performed at home and posted to the lab in the pre-paid envelope provided. Results can be sent via text message to mobile phones, and it is this discreetness that convinces many young people to take part, says Fi. Last month, the screening was extended to men. Far from the age-old 'umbrella' scenario, the test requires just a few drops of urine onto a tissue pad.

The Halls have the highest chlamydia screening rate in Hull. They dispense around

15 tests a month, and have an 80 per cent success rate in tests reaching the lab. "We now want a patient group direction to dispense the antibiotics for chlamydia," says Raymond. "It would save everyone's time and be more convenient for the patient."

## The secrets of success

"Talking about sexual health either phases you or it doesn't – it's a very personal thing," he says. The aim is to make consultations as light as possible. "To come in at 23 and start talking to a man about sex is not easy for people," says Raymond. "I've got a daughter their age, so I talk about her, ask what course they're doing and how they are. It's basic stuff, but you have to settle people down before asking them the more serious stuff. I would also like to think that someone would look after my daughter while she is away at university."

He believes pharmacists must be all things to all people, quickly assessing whether to be serious or light-hearted. "It's like performing on the stage, and I'm just lucky I've had experience in it," says the former magician. "Personal questions don't have to be a problem, pharmacists are health professionals, and we can ask them without causing embarrassment."

In her self-confessed surrogate mum role, Fi's advice is simple. "Be empathetic, kind and caring, and never judgemental, even if they are under 16 or come back several times," she says. "If you can save even one person from ruining their life with an unwanted pregnancy or STD, then it's worth it."



Raymond and Fi Hall have based their display around student needs



# Boots targets 50,000 a year

Free chlamydia screening in Boots's London stores began on November 14. Awarded a Department of Health contract in August, free test kits are now available in each of the 216 stores within strategic health authority boundaries.

To ease any embarrassment, chlamydia screening vouchers are placed throughout stores near to products 16 to 24 year-olds frequently buy, or can be printed off from Advantage Card kiosks. Customers then present the vouchers at the pharmacy counter in exchange for a kit.

"We have tried to do everything possible so the customer doesn't have to say the word 'chlamydia'," said pharmacist and

service development manager Tracey Thornley. "By breaking down any barriers, we hope to make the screening process as easy and simple as possible. Testing will also be raised during EHC consultations, when deemed appropriate, but we're not forcing it down people's throats."

The kit contains a urine sample pot and a form to be returned with the test. The result can be received within three days via text message, phone or letter.

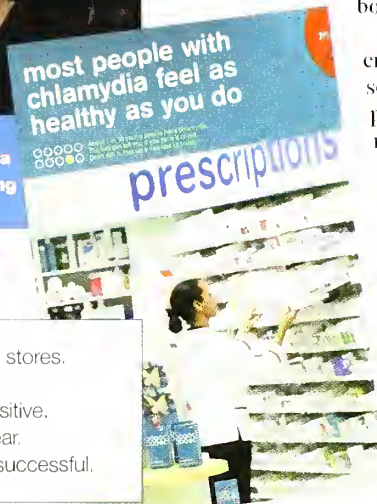
If negative, or a repeat screen is necessary, Boots will inform the client. For a positive result, clients are asked to call the pathfinder chlamydia screening office in Camden, where they are advised of their result and counselled about partner notification and treatment options. The client then returns to Boots to receive either azithromycin (first-line treatment) or doxycycline (second-line) under a patient group direction. Partners will receive treatment too, regardless of age.

Continued on page 36 ►

Public health minister Caroline Flint launched the Boots chlamydia screening pilot. Discreet packaging has been used for the tests

## What's involved

- Two-year pilot in all 216 London stores.
- Urine testing.
- PGD to treat patients testing positive.
- Aims to test 50,000 people a year.
- Could be rolled out nationally if successful.



## IMPORTANT PRESCRIBING INFORMATION

# A hormone free solution to vaginal dryness

Vaginal dryness is commonly experienced during the menopause or as a result of breast feeding and some medical treatments.

ReplensMD is the answer for women seeking a long-lasting, hormone free solution.

More than just a lubricant, one application of this non hormonal vaginal moisturiser delivers continuous hydration for up to 72 hours.

ReplensMD is available in packs of 3 or 6 pre-filled applicators or in a 35g tube with re-usable applicator for the symptomatic relief of:

- vaginal atrophy and dryness
- itching
- irritation
- discomfort
- pain during intercourse

Also restores vaginal pH to normal physiological levels.

ReplensMD is also available on prescription.

[www.replensmd.co.uk](http://www.replensmd.co.uk)

45% POR ON OTC SALES



ReplensMD is the new title for Replens the long-lasting hormone free vaginal moisturiser. The new name results in a change in status to a registered Medical Device (MDA). Under this new name ReplensMD can now be prescribed to treat symptoms of vaginal atrophy and dryness, itching, irritation and discomfort. Multiple applications results in a change in pH towards the normal physiological range found in premenopausal women. ReplensMD vaginal moisturiser is listed in Part IXA of the Drug Tariff July 2005 edition and the BNF No. 50, Page no. 404, Section 7.2.1 under the heading: Preparations for Vaginal Atrophy, Non-Hormonal Preparations. Further information can be obtained from Anglian Pharma Sales & Marketing Ltd., Titmore Court, Titmore Green, Hitchin, Herts, SG4 7XJ. Tel. 01438 743070 Fax: 01438 743080, email: [mail@anglianpharma.com](mailto:mail@anglianpharma.com) Website: [www.anglianpharma.com](http://www.anglianpharma.com)

**Anglian**  
Pharmaceuticals Ltd.  
Sales & Marketing Ltd.

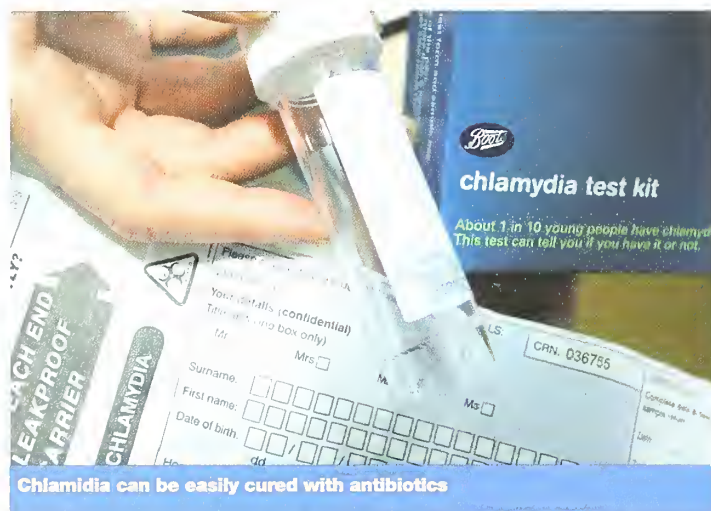


Boots hopes the three-day turnaround of results will enable those testing positive to seek treatment as soon as possible.

Every pharmacist has been trained and every member of store staff has been briefed about referring customers to the pharmacy. "The response from Boots staff is absolutely fantastic, and the pharmacists involved have been enthusiastic and motivated," says Ms Thornley.

Customers outside the 16 to 24 target age group are referred to the local chlamydia screening office, details of which are held by every store. Stores on the wrong side of the boundary can advise of the nearest one involved in screening, and a store locator is available online at [http://www.boots.com/storelocator/store\\_search.jsp](http://www.boots.com/storelocator/store_search.jsp).

Ms Thornley's enthusiasm for the project is evident. "Programmes such as this demonstrate how pharmacists can get involved in improving people's health. I think it's a fantastic opportunity not just for Boots, but for the profession as a whole."



**chlamydia test kit**

About 1 in 10 young people have chlamydia. This test can tell you if you have it or not.

**Chlamydia can be easily cured with antibiotics**

Form fields: Surname, First name, Date of birth, Sex (Mr, Mrs, Ms), CRN 036755.

## News round-up

November has seen a host of developments in fighting chlamydia. As Boots unveiled its two-year screening pilot in London, the Department of Health unveiled a series of statistics and developments to fight the so-called 'silent epidemic'. These included:

- Extending the National Chlamydia Screening Programme from 25 per cent of all PCTs to all other areas of England.
- Making chlamydia screening a key component of local delivery plans for PCTs for the first time ever.
- Recording a three-fold increase in the number of people screened for chlamydia during the two-year screening pilot. Numbers were up from 18,000 in year one to 60,000 this year, with over 8,000 testing positive.

In the news recently:

- Pharmacists dispensed 50 per cent of all emergency hormonal contraception (EHC) treatment this year, almost doubling last year's rate of 27 per cent. The percentage of women aged 16 to 49 using it has remained stable at 7 per cent (Office for National Statistics).
- A row has erupted between the Government and Brook advisory service over confidentiality and sexually active teenagers. Health professionals may be required to report anyone sexually active aged 13 or under, if guidance on child protection is revised. But critics argue this will deter vulnerable groups from accessing help. A recent Brook survey found 91 per cent of under-16s would be less likely to seek advice on contraception and sexual health if the law changed.
- NICE last month issued guidelines and information about long-acting reversible methods of contraception for women to promote greater contraceptive choice. These include the IUD, implant and injection, which NICE said many women are unaware of and may suit them better than their current method, or offer better protection from pregnancy.

● Young people seeking EHC at some Wiltshire pharmacies are being offered support from a contraceptive nurse. Swindon PCT has offered the service to under-19s in the area because of its above-average teenage conception rates in the South West.

### Dates for next year

- Contraception Awareness Week is February 13 to 17, 2006.
- National Condom Week (organised by Durex) February 14 to 21.
- Sexually Transmitted Disease Awareness Month: April.

For more information see the Department of Health website: [www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Chlamydia](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Chlamydia) or the FPA website: [www.fpa.org.uk/guide/contracep/index.htm#guide](http://www.fpa.org.uk/guide/contracep/index.htm#guide) or call the FPA on 0845 310 1334.

### Femigel

Australian Bodycare has introduced Femigel, a repackaged version of its Preevent product.

The company says Femigel is a natural and effective way of tackling fungal infections such as thrush, and claims it is non-staining, fragrance free and non-irritating.

Femigel is packaged in single, pre-use disposable applicators and contains 3 per cent tea tree oil, which the manufacturer says assists in the alleviation of dryness, itching, irritation and discomfort of the vagina.

The product, which is hormone-free, also provides a natural way to maintain vaginal moisture and lubricity, says Australian Bodycare.

It recommends Femigel is used every three days to alleviate mild symptoms, but can be applied up to twice a day for more severe cases.

**Price: £6.99 for three 5ml Femigel applications.**

**For more information: Australian Bodycare Ltd, tel: 01892 750888.**



### ATTENTION Glucometer® 4 Blood Glucose Meter users

#### IMPORTANT PRODUCT CHANGE NOTICE on 1st January 2006

The GLUCOTIDE® reagent for use with the Glucometer® 4 blood glucose meter is to be discontinued. There is no alternative reagent strip to use on these meters. Bayer HealthCare are offering all Glucometer® 4 users a complimentary upgrade to their choice of one of the Ascensia® meters which now feature no coding.

All users should call our team of qualified nurses at Ascensia® Diabetes Support on 0845 600 6030 to arrange their upgrade. The support team are also available to help your customers with any questions they have related to the discontinuation of GLUCOTIDE® or to blood glucose testing in general.

#### The Ascensia® Blood Glucose Meters

The Ascensia® CONTOUR® is designed to assist customers who are more time sensitive and who prefer a small sleek design.

The Ascensia® BREEZE® is designed to eliminate individual strip handling and simplify testing for those that find managing strips challenging and who prefer easy to handle meters.



Ascensia



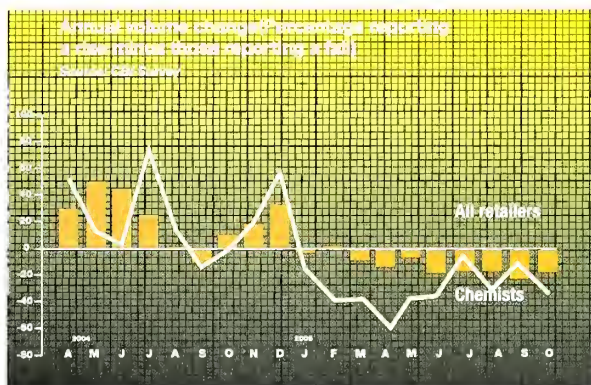
Bayer HealthCare



# Bye bye good times

## Retail

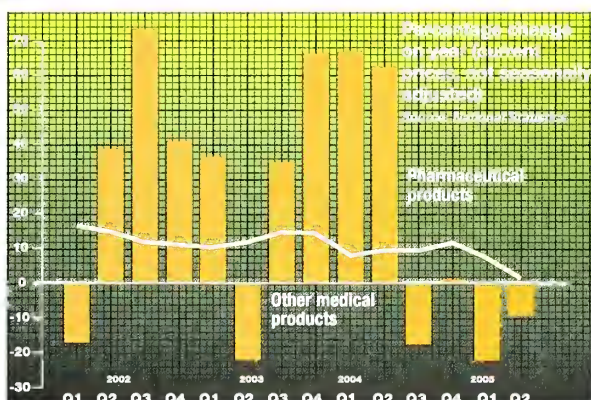
A slowdown in consumer credit growth and the lowest level of consumer confidence since March 2003 were reflected in survey evidence indicating that retailers continued to suffer a tough time in October



he **feelgood factor** has continued to drain away from Britain's consumers, according to a poll by GfK NOP. It reveals that consumer confidence dipped sharply in October for the third month in a row, to the lowest level since the invasion of Iraq. And the Bank of England reports a slowdown in the growth of consumer credit in September. **Retail sales** volumes were well down in October compared with a year ago, says the CBI, but the underlying trend remains at the same record low reached the previous month and its impact has now extended to wholesalers. **Chemists' sales** were lower than a year earlier for nearly a third of businesses in October, down from the 12 per cent reporting an annual decline in September. The **downward trend** also worsened in the three months to October. The British Retail Consortium says that pharmaceutical and beauty product sales were flat overall, but premium skincare and perfumes sold well.

## Spending

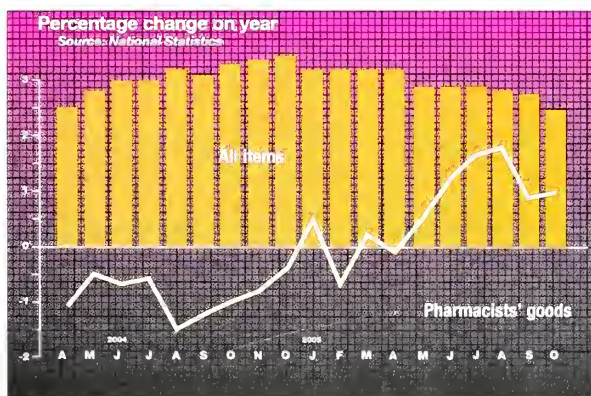
Annual spending on personal care products and services rose in the second quarter, but outlays on electric personal care products fell. UK output of pharmaceuticals remains buoyant but toiletry production is in sharp decline



he value of consumer spending on **electric personal care products** was 10 per cent lower in the second quarter of 2005 than a year earlier, and volumes fell by a seasonally-adjusted 4 per cent, officials estimate. Spending on **other personal care products**, such as perfumes and toiletries, rose in value and volume terms by 1 per cent and 4 per cent respectively. Total consumer spending on personal care products and services grew in value and in volume at annual rates of 4 per cent and 2 per cent. **Output of pharmaceuticals** by UK makers rose 4 per cent in the third quarter of this year and was up 14 per cent on a year earlier. But as retailers cut back their orders on suppliers, output of **perfumes and toiletries** fell by 2 per cent in the third quarter and by 13 per cent on the same quarter last year. Makers of pharmaceuticals are marginally more optimistic about the outlook for new **domestic orders** over the coming months, the CBI found.

## Prices

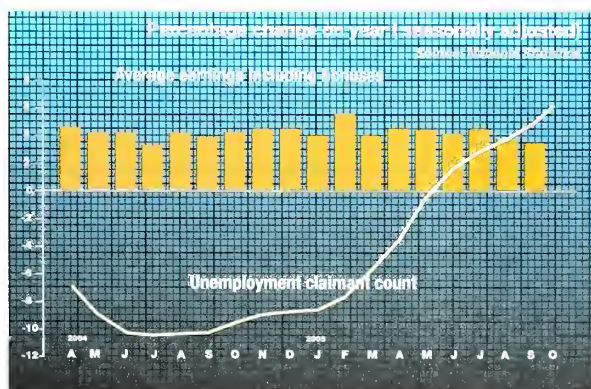
Retail prices of chemists' goods rose at a slightly faster rate in the year to October than in September, while the annual rise in manufacturers' prices of imported medicinal and pharmaceutical products firmed up in October



he official retail price index of **chemists' goods** rose by 0.6 per cent in October, and increased by 1.0 per cent at the annual rate following a rise of 0.7 per cent in September. Headline **retail price inflation** eased back to 2.5 per cent. The British Retail Consortium's shop price index fell marginally in the year to October, after a drop of 1.0 per cent on the month. UK **factory gate prices** fell by 0.1 per cent in October, taking annual inflation down to 2.6 per cent from 3.3 per cent in September. Imported pharmaceutical and medicinal product prices rose by 0.7 per cent annually after a drop of 0.8 per cent the previous month. In September UK makers' **prices of perfumes** and toilet waters rose just 0.1 per cent annually, and make-up and skincare preparations fell 1.5 per cent, according to official figures. **Prices of shampoo** increased 2.8 per cent but prices of other preparations for the hair fell 2.2 per cent annually.

## Earnings

The rate of growth in average earnings was broadly unchanged in September, despite increased demand for staff. The number of unemployment benefit claimants rose slightly in October but the annual rate held steady. Company liquidations are up



**verage earnings** in the three months to September, excluding bonuses, were 4.0 per cent higher than a year earlier, the same rate as in August. Including bonuses, the increase was 4.1 per cent. **Unemployment** benefit claimants rose by 12,100 in October, and were up by 53,700 over the year, leaving the claimant rate at 2.8 per cent. **Demand for staff** grew in October, but the pace of increase was unchanged on September's 25-month low, the Recruitment and Employment Confederation reports. Pay rises in 2006 are expected in the range 2.5 to 4 per cent, says Incomes Data Services. Company **liquidations** in the UK rose by 21 per cent in the third quarter, reports credit agency Experian. Insolvencies among food retailers rose 17 per cent, and were up 71 per cent in the non-food sector. Credit insurer Euler Hermes says **cashflow** among retailers and wholesalers grew by 2.5 per cent in the year to the third quarter.



With changes in how companies operate on the way, will it still pay to incorporate your business, asks John Davies

## In good company



Out of the four million business enterprises in the UK, around two million are limited companies of one kind or another, the rest being sole traders or partnerships. The great majority of companies are 'private', ie those which are owned by a small group of shareholders, often a family. Not only this but the great majority of private companies are classified as 'small' in terms of their asset base and turnover.

The business benefit of setting up as a limited company is that, as a company, your business debts belong to the company rather than to you as the entrepreneur, and, as a consequence, you enjoy a high degree of comfort that your mistakes in running your business will not lose you your personal assets or affect your personal credit rating.

But this element of protection under the law brings certain obligations which the owners and managers of a company must comply with – the quid pro quo for the privilege of limited personal liability.

Given that the small private company is by far the most common type of limited company, striking the right balance between encouraging business activity and providing reasonable safeguards for stakeholders (ie those with a direct interest in the company's affairs, whether they are shareholders, employees, creditors or the state) is something in which governments have an obvious interest. And it is this issue which is at the heart of the Company Law Reform Bill, presented to Parliament early in November.

The Bill has taken some eight years to get to this stage. In April 1998 the Government appointed an expert group to carry out a

thorough review of the state of UK company law with a special remit to consider ways to enhance the competitiveness of UK companies, and with encouragement to suggest ways of stripping away elements of Victorian-era rules which may have become meaningless in the 21st century.

This expert group submitted its final report and recommendations back in 2001, and it has taken since then for the group's recommendations to be weighed up by government and interested parties and for a Bill to be put together.

But what has been retained in the Bill, after this further process of consideration, is the emphasis placed by the expert group in 2001 on the need to streamline legal rules on the administration of private companies so as to bring company law more into line with the reality of the modern UK corporate environment.

The Bill proposes the following changes to current company law rules which are of special significance to small private companies.

### Annual accounts

All limited companies, public or private, will continue to have to prepare their annual accounts in accordance with the statutory disclosure rules and the overriding 'true and fair' requirement (which means that they must also comply with applicable accounting standards).

But the time allowed for private companies to file their annual accounts with Companies House is coming down from 10 months to seven. The rationale for doing this is to ensure that the company information which is on the

public record and available to the general public is more up to date than it is at the moment.

And while companies will still be able to file so-called 'abbreviated accounts' with Companies House, instead of their full accounts, in future these abbreviated accounts will have to include details of the company's turnover. (At present, one of the advantages in filing abbreviated accounts is that companies can withhold informing competitors of their turnover figure).

Bear in mind that it is the legal responsibility of each company's directors to satisfy themselves that their company's annual accounts comply with the legal disclosure rules and the requirement to give a true and fair view. If they approve a set of accounts when they know they do not comply with the rules, or are 'reckless' as to whether they comply or not, they will commit a criminal offence. For this reason, whether or not a company's accounts are audited by an independent auditor, for the great majority of small companies it will remain essential that the accounts are prepared by a qualified external accountant.

### The company secretary

Currently, all limited companies, whether they be listed companies or small husband and wife companies, must appoint a company secretary (though only in public companies must the secretary hold a professional qualification). The Bill proposes that private companies in future should not be required to appoint a secretary (although they will still be free to decide to do so if they wish).

It must be acknowledged that, in the private company environment, the post of company secretary is seen as something of a formality. Traditionally, the post has been occupied by the spouse of the business owner. Many companies may therefore welcome this change as being one less bit of red tape to worry about.

But, even with the streamlining of red tape which the Bill promotes, being in charge of a company still carries with it important and in some cases onerous obligations for directors – these obligations are in fact being strengthened under the Bill. Where a company treats the office of company secretary seriously, and appoints a person who is knowledgeable about company law and directors' duties, having a qualified secretary can be extremely useful to directors and shareholders in terms of ensuring that they comply with their responsibilities and do not fall foul of them.

Now that small companies do not need to appoint an auditor, operating as a company without either an auditor or a qualified company secretary could prove dangerous for them if they are not themselves competent on company law matters – therefore they should think carefully before doing away with what could prove a valuable resource.

### The AGM

Currently, all companies are subject to a basic legal requirement to hold an AGM once a year. At the AGM, standard business is to be conducted – placing the annual accounts before members, reviewing progress over the





For the first time, UK company legislation will set out the essential legal responsibilities of all directors. To some extent, this process will simply re-iterate the legal principles which have been laid down by the courts over the last century and a half. But there are to be important new aspects to directors' duties.

For example, directors are now to be judged not only by reference to the skills and experience that they actually have – this has always been the common law position – but they are now to be judged by reference to an 'objective' standard of skill and care.

This means that the law will expect all directors to act in accordance with a minimum standard of skill and care, whatever their backgrounds and whatever the nature of their involvement with their company.

Also, although directors will in future owe their legal duties to their company, and not to any outside interests, they will be required to take into account in the decision-making process a number of prescribed factors which are basically designed to improve the quality of company decision-making. For example, they will be required to take into account long-term factors as well as short-term factors, and also have regard to specified 'stakeholder' factors such as the interests of the company's employees and the company's business reputation.

Given that these duties will apply to all directors in all companies, it is all the more important that individual directors do not run away with the idea that, because the law generally is being streamlined for smaller companies, they can afford to take their conduct as directors more lightly.

Note also that, although it will still be possible to appoint limited companies as directors of other companies, it will not in future be possible for a company's directors to be entirely made up of other companies – it will be essential that at least one director is a human being.

Having spent so long at the drafting stage, the Bill is not expected to be politically contentious. Therefore, we can expect it to arrive on the statute book by next spring and come into force shortly thereafter. ☺

*John Davies is head of business law at the Association of Chartered Certified Accountants.*

previous year and appointing auditors for the next year.

The trouble is, for most private companies, in which owners and managers are often one and the same, this meeting serves no useful purpose. In many cases, the AGM never actually happens but is simply recorded as a fictional minute in the company's books.

A recent change in the law already gives private companies the opportunity to opt out of the AGM. But the new Bill goes further and exempts private companies from any legal requirement to hold an AGM.

## Resolutions

The new Bill will allow private companies to pass legally-binding resolutions by means of written resolutions (thus doing away with the obligation to convene formal general meetings to do so). And unlike the case at present, a written resolution will not need to attract the unanimous support of all the company's members, as long as the resolution has the same level of support – ie a simple majority or 75 per cent – that would be necessary if the same resolution were being proposed at a formal meeting. This will be sufficient to make the decision legally valid.

## Directors' duties

While the new Bill will in some ways distinguish more sharply between private companies and public companies, in terms of the amount of regulation, when it comes to the legal responsibilities of company directors, there will be no such distinction. And not only will the legal responsibilities be the same for each, they are to be substantially strengthened.



# ETP Help Desk

## Week 6

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### Q WHO CAN HELP ME CHOOSE AN ETP SYSTEM?

You need a pharmacy system that is compliant with the ETP guidelines published by NHS Connecting for Health (CfH). They will be publishing a list of compliant IT systems shortly.

At present AAH's LINK Evolution is the only system with formal accreditation from CfH to roll out to all pharmacies. Other suppliers have accreditation for initial implementer sites.

### Q WHO CAN HELP ME INSTALL AN ETP SYSTEM?

Speak to your IT supplier for advice. AAH is providing a **onestopshop** solution for its customers, whereby we handle all aspects of ETP implementation, including hardware and software, broadband installation and ETP activation.

### Q IF I INSTALL A SYSTEM NOW, WILL I HAVE TO CHANGE IT LATER?

The AAH LINK Evolution software is currently being rolled out to customers and supports ETP Release 1.

When ETP Release 2 is implemented, we will provide a straightforward software update for customers. There will be no need to change any hardware or any other aspect of the system, and we will ensure that the upgrade is completed to meet CfH deadlines.

### Q HOW DO I OBTAIN A SMART CARD?

You will obtain this from your local PCT. You have to do this yourself, as this is your unique personal security identifier allowing you to connect to the NHS Spine.

### Q WHERE CAN I OBTAIN MORE INFORMATION?

For information on LINK Evolution please contact the email address below, or contact your IT supplier for information relating to your system. CfH will publish guidance on the next steps pharmacy contractors need to take over the coming few weeks.

If you are not an AAH customer but would like information about our ETP system, please do not hesitate to contact us.

For further information, please email AAH on  
**[LINKEvolution@aaah.co.uk](mailto:LINKEvolution@aaah.co.uk)**

AAH Pharmaceuticals Ltd., Sapphire Court,  
Walsgrave Triangle, Coventry CV2 2TX





Alan Nathan looks at the options available to pharmacists needing support following the closure of Birdsgrove House



# Benevolence after

When the Pharmaceutical Society came into being in 1841, one of its founding principles was care and social welfare for its members. This has been carried forward to the present day, adapted in line with pharmacists' changing needs and the circumstances of the times. But now two of the services – rest and recuperation, and in-patient treatment of substance dependency at Birdsgrove House – have been withdrawn. Is there anything available to replace these, and will help still be available to pharmacists who need it? Two people who can provide some answers are Beverly Nicol and Joe Mee, who run the Society's welfare and substance dependence support services.

## The people

Beverly Nicol has been co-ordinator of the Society's Benevolent Fund for 20 years, following a career in the police service and then as a social worker. She administers the fund, which is financed entirely through charitable donations, legacies and fundraising activities from members, and co-ordinates its range of welfare services. These include financial assistance for pharmacists and their dependants in genuine need whose needs cannot be fully met from other sources;

Birdsgrove House, which until its closure earlier this year provided convalescence and rest and recuperation for members; and the Listening Friends telephone stress support helpline. Ms Nicol also provides members and their dependants with advice on welfare and social services and help in accessing them. All services are funded entirely from the Benevolent Fund, nothing comes out of pharmacists' retention fees, and all are run independently of the Society.

Joe Mee is a dentist by profession. In 1986 he set up a programme for dentists with alcohol and drug problems, and was approached by the Royal Pharmaceutical Society to do the same for pharmacists in 1991. He continues to act as the co-ordinator for both the dentists' and pharmacists' programmes (originally called the Sick Pharmacists Scheme but now the Pharmacists' Health Support Programme (PHSP) and has set up a similar scheme for vets.

## The past

Birdsgrove House, a Victorian country mansion in Derbyshire, was originally purchased by the Society in 1939 as the Second World War loomed, as a possible

wartime headquarters if the Society had to evacuate from its London base. After the war it passed into the ownership of the Benevolent Fund and was converted into a convalescent home for members. Recovery from operations and illness was a much longer process than it has since become, and convalescent homes were at the time a facility commonly provided by large employers, trade unions and professional organisations for workers and members.

Usage of Birdsgrove House began to decline in the 1980s, making it a drain on the Benevolent Fund, and a new use was sought. In 1998 a part of the house was converted into Hope House, a treatment centre for health professionals recovering from drug or alcohol dependence. It was initially successful, although difficulties in obtaining NHS funding for treatment courses has meant that the facility has latterly not operated to full capacity and did not recover its costs.

Legislation changes implemented in 2002 required Birdsgrove House to register and come up to standard as a private hospital, requiring improvements costing around £500,000, and to provide either convalescence or addiction treatment, not both. In the light of this and the deficit of £1.8 million the house had accrued against the Benevolent Fund, the Society's Council, as trustees of the Benevolent Fund, took the decision to close it to avoid further losses.

## The PHSP: present and future

So what will become of the PHSP following the closure of Hope House? Joe Mee explains that the PHSP is an 'interventive' service, intended to provide help for addicted pharmacists, preferably before their addiction brings them to the attention of the police or the Society's disciplinary system. The programme provides help and counselling from trained, recovered health professionals who have had similar problems, getting the



Beverly Nicol and Joe Mee



## Be a volunteer

Owing to recent increased usage of the Scheme, volunteer pharmacists are required to train as Listening Friends. The next training session will take place in March 2006. To learn more about how the scheme works and to register an interest, call Beverly Nicol on 01926 315994/ 01323 890135 or e-mail [Benevolent.Fund@rpsgb.org](mailto:Benevolent.Fund@rpsgb.org).

funded automatically through central government funds.

The ideal future for the PHSP would be if additional funding could be raised from within the profession itself, possibly from pharmacists through their annual retention fee, for which a £3 per year surcharge would be sufficient.


## The future

Following the closure of Birdsgrove House, Ms Nicol has drawn up a list of establishments around the country offering these facilities, and provides the details to pharmacists and their immediate relatives who contact her for help. Help with costs can be provided to those who can demonstrate a genuine need, as it was with paying the charges for staying at Birdsgrove House. Ms Nicol can be contacted on 01926 315994 or 01323 890135.


In addition, Ms Nicol points to the importance of the Listening Friends stress help scheme in the range of welfare services pertinent to current-day life provided by the Benevolent Fund. The stresses and strains of life apply to pharmacists as much as anyone else, and the service fits in neatly with the range of services provided by the fund as an additional source of help. Mr Mee adds that it meets the needs of a profession where practitioners frequently work in isolation, saying that there is often a "very sticky edge"

between going to Listening Friends and moving on to drugs and alcohol for support, and that the scheme can prevent pharmacists from going over that edge. Callers with addiction problems who contact the Listening Friends Scheme may be made aware of the option of referring themselves to the PHSP

for help but no pressure is applied to do so. The contact number for Listening Friends is 020 7572 2442.

Birdsgrove House and Hope House may be gone, but alternative ways of providing the help they gave are being offered, and the Society's Benevolent Fund services will continue to provide welfare support for pharmacists in the spirit of compassion that motivated the profession's founding fathers. 

*Alan Nathan is a pharmacy writer and consultant. He is co-founder of the Royal Pharmaceutical Society's Listening Friends scheme and chairman of the Listening Friends Group.*



# Birdsgrove

affected pharmacist to accept that they have a problem and that they need to do something about it. They are also supported through the recovery process. An advantage of participating in the programme for those who have committed criminal or disciplinary offences is that Mr Mee, and others who have provided support, can act as advocates for a pharmacist and testify to his or her recovery if they have to appear in court or before the RPSGB's Statutory Committee.

The PHSP is accessed by ringing 01926 315138. Most referrals come from concerned colleagues, employers or family members, although self-referral is also possible. The former method is usually preferable as it often pre-empts and can avert trouble as a result of a pharmacist's addiction, whereas self-referral often comes as a result of trouble that has already occurred. Once a call has been made, facts are verified to ensure that they are correct and, for example, that a referral is not made out of malice. Anyone reporting a pharmacist with a problem is guaranteed anonymity, which often relieves feelings of guilt. The affected pharmacist is then contacted and, if he or she agrees to participate, is seen by a PHSP member for a needs assessment.

Treatment may involve in-patient therapy, including detoxification where necessary, outpatient psychiatric treatment and/or counselling, or referral to self-help groups such as Alcoholics Anonymous and Narcotics Anonymous. In less serious cases counselling can be done initially over the telephone, and pharmacists can be introduced to other health professionals in their area who have experienced similar problems and can provide support.

The programme also provides support to recovering pharmacists when they reintegrate into the community and resume professional life after treatment. Mr Mee says that pharmacists' addiction problems arise partly from the fact that they see themselves as solving other people's health problems,

forgetting about their own needs and putting themselves above the need for help and treatment when problems arise.

Among pharmacists, incidence of drug and alcohol dependence is about equal, because of ease of access to the former, whereas for doctors and dentists alcoholism is the most common form of addiction. Pharmacists may also be influenced towards drugs by seeing in their everyday professional experience that they are a cure for problems, but prevalence of substance dependence (drugs and/or alcohol) is generally no higher than among other health professionals. Gambling and other forms of "process" addiction present problems, but at a relatively low level.

The closing of Hope House, of which pharmacists made up only about 20 per cent of clients, will not mean an end to in-patient treatment for pharmacists who need it as there are other centres providing a similar service. The main loss will be of a centre exclusively for health professionals, because it has been shown that recovering addicts do much better when they are treated in peer groups, be it of gender, ethnic group or profession.

One of the main reasons behind the closure of Hope House was financial, as it was becoming increasingly difficult to secure NHS funding through PCTs for treatment (most affected pharmacists' finances are in a very poor state and they cannot afford to fund their treatment). Up until now, the Benevolent Fund had provided interest-free loans and partial funding in cases of real need, and this approach will be under consideration for the future. Ms Nicol and Mr Mee say that ideally treatment for addiction should be

**The main loss will be of a centre exclusively for health professionals**



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**Appointments** £27.00 per single column centimetre.  
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 Box numbers available on request. Copy date 12 noon Tuesday prior to Saturday publication.  
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 All cancellations must be in writing.

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# Back I SUES

## Appointments



**Hilary Lynn** has been appointed brand manager at herbal medicine manufacturer G R Lane Health Products Ltd. She will work on a range of products including Olbas Oil and Aquaban.

Shire Pharmaceuticals Group has announced

that **Patrick Langlois** will join as a non-executive director and a member of the audit committee with immediate effect. He was formerly with Aventis in Strasbourg and is also a non-executive director of Coley Pharmaceuticals Group.



**Patrick Langlois**

**David Clough** has filled a

new role at Goldshield – unit head of product group devices. He will be responsible for all aspects of the new global devices division.

Alliance Pharmacy has announced two appointments. The first is **Phil Ellis** as senior acquisition and capital analyst. Phil will be responsible for financial appraisals and capital reporting, and will continue to provide support to branch refit project and business development teams. The second is **Farid Poonja**, named as NHS IT senior manager. His role will include supporting the implementation of IT to deliver pharmacy services under all the new contracts in the UK.

As of December 1, **Phillip Hand** will become the business development director at medical diagnostics company Cozart, and **Chris Yates** will become finance director.



**David Clough**

Pharmacists were on hand at the Phoenix/Numark two mile race at Bangor-on-Dee recently – but not to medicate. Rather to hand out the prizes.

But, it's not all fun. Barry Wilson, who owns the BJ Wilson Group, pictured with his wife under the umbrella on the left, had to stand in the pouring rain to make their presentation to race winner, jockey J Tizzard and owner Helen Wynne, while pharmacists Tony Neville from Llandudno and Mike Moore from Blackpool and their wives also had to brave the elements to judge the best turned out horse. Hopefully, the hospitality tent, hosted by David R Cole provided some much need 'warmth' afterwards.

## Racing in the rain



## Reflecting away the pain

It gives a whole new perspective to the saying "look good, feel good". Sufferers of chronic pain may find relief by looking at themselves in the mirror, say scientists. Eight patients with complex regional pain syndrome (CRPS) were put in front of mirrors that showed only the healthy half of their bodies as well as a mirror image. Seeing two healthy limbs cured six of the patients in the study over time. The treatment has also been used on people with repetitive strain injury (RSI).



**There's life in those legs yet! Proving that they are more than desk jockeys, are Pfizer Consumer's sales director Rob Yateman (left) and Nigel Bale from WITH (an agency that helps out with UniChem's conferences), looking remarkably relaxed after completing the New York Marathon on November 6. It was not, Rob admits, a world beating time, but the duo raise over £3,000 for Cancer Research. Particular thanks goes to Day Lewis for its support**

## Rugby's loss is pharmacy's gain



Leicester's head coach Pat Howard is turning his back on rugby – in favour of pharmacy down under.

According to a report in *The Telegraph*, Howard will not be looking to renew his contract at the end of this season because he intends to return to Australia to run the family pharmacy. It seems the lure of the dispensary bench is just too much, despite Leicester's recent win 25-20 over Gloucester.

Leicester hopes to appoint a successor before Christmas to ensure a smooth handover.



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